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Department of Health Care Services



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DATE: July 9, 2015

ALL PLAN LETTER 15-018

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: CRITERIA FOR COVERAGE OF WHEELCHAIRS AND APPLICABLE SEATING AND POSITIONING COMPONENTS

PURPOSE:

The purpose of this All Plan Letter (APL) is to clarify how Medi-Cal managed care health plans (MCPs) should determine a beneficiary's medical need for wheelchairs and applicable Seating and Positioning Components (SPCs) to ensure that medically necessary equipment is provided to Medi-Cal beneficiaries in a timely manner and in accordance with applicable laws and policies. Specifically, for wheelchairs and SPCs, criteria for medical necessity must include a medical evaluation of the beneficiary and review of the equipment to ensure that the beneficiary has appropriate mobility in or out of the home.

BACKGROUND:

The mandatory Medicaid home health services benefit includes coverage of medical supplies, equipment, and appliances, subject to utilization review.¹ For Medi-Cal, durable medical equipment (DME), including wheelchairs, is defined as equipment prescribed by a licensed practitioner to meet the medical equipment needs of the patient that: (a) can withstand repeated use; (b) is used to serve a medical purpose; (c) is not useful to an individual in the absence of an illness, injury, functional impairment, or congenital anomaly; and (d) is appropriate for use in or out of the patient's home (Title 22, California Code of Regulations [CCR], Section 51160). DME must be provided when medically necessary.

POLICY:

This APL directs MCPs to comply with Title 22, CCR, Section 51160 as well as the attached policy, which clarifies the criteria for medical necessity that must be met for authorization of wheelchairs and SPCs. A wheelchair is medically necessary if the beneficiary's medical condition and mobility limitation are such that without the use of a

¹ See Title 42, CFR, Sections 440.70(b)(3) and 440.230(d). See also Title 42, United States Code, Section 1396(a)(17).

wheelchair, the beneficiary's ability to perform one or more mobility related Activities of Daily Living or Instrumental Activities of Daily Living in or out of the home, including access to the community, is impaired and the beneficiary is not ambulatory or functionally ambulatory without static supports such as a cane, crutches or walker.

State regulations are more expansive than federal Medicare policy regarding DME. Medicare will only cover equipment that "[i]s appropriate for use in the home" (Title 42, Code of Federal Regulations, Section 414.202). In contrast, Medi-Cal covers medically necessary equipment when it "is appropriate for use in or out of the patient's home" (Title 22, CCR, Section 51160). MCPs have an obligation to cover medically necessary DME, regardless of whether the needed equipment will be used inside or outside of the beneficiary's home. A prescription for a wheelchair or SPC may not be denied solely on the grounds that it is for use outside of the home when determined to be medically necessary for the beneficiary's medical condition.

The beneficiary must have a face-to-face examination by a licensed clinician and an evaluation performed by a qualified provider who has specific training and/or experience in wheelchair evaluation and ordering, as applicable, and as defined in Welfare and Institutions Code Section 14105.485. Prior authorization from the beneficiary's MCP in accordance with Title 22, CCR, Section 51321 is also required.

An amendment to the Medi-Cal Provider Manual adding the attached policy is forthcoming.

If you have questions on this APL, please contact your Managed Care Operations Division contract manager.

Sincerely,

Original Signed by Sarah C. Brooks

Sarah Brooks, Deputy Director
Health Care Delivery Systems
Department of Health Care Services

Attachment

Durable Medical Equipment (DME): Wheelchair and Wheelchair Accessories

Introduction

The purpose of these guidelines is to provide clarification regarding Department of Health Care Services (DHCS) coverage policies for wheelchairs and applicable seating and positioning components to ensure that medically necessary equipment is provided to Medi-Cal beneficiaries in a timely manner and in accordance with applicable laws and policies. Specifically, for wheelchairs and seating and positioning components, medical necessity criteria will include the medical evaluation of the beneficiary and review of such equipment to ensure the beneficiary is able to have appropriate mobility in or out of the home. These guidelines are the product of collaboration with providers, therapists, medical equipment providers, and state medical consultants, utilizing state and national standards, data, evidence and literature review as the basis for compliance with applicable Medicaid policies.

Notes: The mandatory home health services benefit under the Medicaid program includes coverage of medical supplies, equipment, and appliances, subject to utilization review¹. For Medi-Cal, DME is defined as equipment prescribed by a licensed practitioner and qualified rehabilitation professional (QRP) to meet medical equipment needs of the beneficiary that: (a) can withstand repeated use; (b) is used to serve a medical purpose; (c) is not useful to an individual in the absence of an illness, injury, functional impairment, or congenital anomaly; (d) is appropriate for use in or out of the beneficiary's home (Title 22 CCR Section 51160). DME is provided when it is medically necessary.

I. General Clinical Guidance for Wheelchairs, Seating and Positioning Components

The term wheelchair describes manual wheelchairs, power mobility devices (PMD) including power wheelchairs (PWC), power operated vehicles (POV) and push rim activated power assist devices (PAD). Seating and positioning components (SPC) describe seat, back and positioning equipment mounted to the wheelchair base.

A wheelchair is medically necessary if the beneficiary's medical condition(s) and mobility limitations are such that without the use of the wheelchair, the beneficiary's ability to perform one or more mobility related activities of daily living (ADL) or instrumental activities of daily living (IADL) in or out of the home, including access to the community, is impaired and the beneficiary is not ambulatory or functionally ambulatory without static supports such as a cane, crutches or walker.

When a beneficiary presents for a medical evaluation for wheelchair and SPC, the sequential consideration of the questions below by ordering and treating providers offers clinical guidance for the ordering of an appropriate device to meet the medical need of treating and restoring the beneficiary's ability to perform one or more mobility related ADLs or IADLs. ADLs include dressing/bathing, eating, ambulating (walking), toileting, hygiene and activities specified in a medical treatment plan completed in customary locations in or out of the home. IADLs allow an individual to live independently in a community and include shopping, housekeeping, accounting, food preparation, taking medications as prescribed, use of a telephone or other

¹ 42 C.F.R. Section 440.70(b)(3), 440.230(d). See also, 42 U.S.C. Section 1396(a)(17)

form of communication, and accessing transportation within one's community.

1. Does the beneficiary have a mobility limitation that significantly impairs his/her ability to participate in one or more ADLs or IADLs? A mobility limitation is one that:
 - A. Prevents the beneficiary from accomplishing the ADLs or IADLs entirely, or,
 - B. Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to participate in ADLs or IADLs, or,
 - C. Prevents the beneficiary from completing the ADLs or IADLs within a reasonable time frame.
2. Are there other conditions that limit the beneficiary's ability to participate in ADLs or IADLs?
 - A. Some examples are impairment of cognition or judgment and/or vision.
 - B. For these beneficiaries, the provision of a wheelchair and SPC might not enable them to participate in ADLs or IADLs if the comorbidity prevents effective use of the wheelchair or reasonable completion of the tasks even with wheelchair and SPC.
3. If these other limitations exist, can they be ameliorated or compensated such that the additional provision of wheelchair and SPC will be reasonably expected to improve the beneficiary's ability to perform or obtain assistance to participate in ADLs or IADLs?
 - A. If the amelioration or compensation requires the beneficiary's compliance with treatment, for example medications or therapy, substantive non-compliance, whether willing or involuntary, can be grounds for denial of wheelchair and SPC coverage if it results in the beneficiary continuing to have a limitation.
 - B. It may be determined that partial compliance results in adequate amelioration or compensation for the appropriate use of wheelchair and SPC.
4. Does the beneficiary demonstrate the capability and the willingness to consistently operate the wheelchair and SPC safely and independently?
 - A. Safety considerations include personal risk to the beneficiary as well as risk to others. The determination of safety may need to occur several times during the process as the consideration focuses on a specific device.
 - B. A history of unsafe behavior may be considered.
5. Can the functional mobility deficit be sufficiently resolved by the prescription of a cane, crutches or walker?
 - A. The cane, crutches or walker should be appropriately fitted to the beneficiary for this evaluation.
 - B. Assess the beneficiary's ability to safely use a cane, crutches or walker.
6. Does the beneficiary's typical environment support the use of wheelchair and SPC?
 - A. Determine whether the beneficiary's environment will support the use of medically

necessary types of wheelchair and SPC.

- B. Keep in mind such factors as physical layout, surfaces, and obstacles, which may render wheelchair and SPC unusable.
7. Does the beneficiary have sufficient upper extremity function to propel a manual wheelchair to participate in ADLs or IADLs during a typical day? The manual wheelchair should be optimally configured ((SPC), wheelbase, device weight, and other appropriate accessories) for this determination.
- A. Limitations of strength, endurance, range of motion, coordination, and absence or deformity in one or both upper extremities are relevant.
 - B. A beneficiary with sufficient upper extremity function may qualify for a manual wheelchair. The appropriate type of manual wheelchair, i.e. light weight, etc., should be determined based on the beneficiary's physical characteristics and anticipated intensity of use.
 - C. The beneficiary's typical environment (in or out of the home) provides adequate access, maneuvering space and surfaces for the operation of a manual wheelchair.
 - D. Assess the beneficiary's ability and willingness to safely and effectively use a manual wheelchair.
8. Does the beneficiary have sufficient strength and postural stability to operate a POV/scooter?
- A. A covered POV is a 4-wheeled device with tiller steering and limited seat modification capabilities. The beneficiary must be able to maintain stability and position for adequate operation without additional SPC (a 3-wheeled device is not covered).
 - B. The beneficiary's typical environment (in or out of the home) provides adequate access, maneuvering space and surfaces for the operation of a POV.
 - C. Assess the beneficiary's ability to safely use a POV/scooter.
9. Are the additional features provided by a power wheelchair or powered SPC needed to allow the beneficiary to participate in one or more ADLs or IADs?
- A. The pertinent features of a power wheelchair compared to a POV are typically control by a joystick or alternative input device, lower seat height for slide transfers, and the ability to accommodate a variety of seating needs.
 - B. The type of wheelchair and options provided should be appropriate for the degree of the beneficiary's functional impairments.
 - C. The beneficiary's typical environment (in or out of the home) provides adequate access, maneuvering space and surfaces for the operation of a power wheelchair.
 - D. Assess the beneficiary's ability to safely and independently use a power wheelchair and powered SPC.

10. Wheelchairs are not covered when:

- A. Not medically necessary.
- B. Not used by the beneficiary.
- C. Used as a convenience item.
- D. Used to replace private or public transportation such as an automobile, bus or taxi.
- E. Not generally used primarily for health care and are not regularly and primarily used by persons who do not have a specific medical need for them.
- F. Used in a facility that is expected to provide such items to the beneficiary.
- G. Used in a skilled nursing facility, unless the beneficiary demonstrates the need for a custom wheelchair under Title 22 of Code of Regulation section 51321(h).
- H. Not prescribed by a licensed practitioner, or, in the case of a custom wheelchair, a licensed practitioner and a QRP.

A prescription for a wheelchair may not be denied on the grounds that it is for use only outside of the home.

II. Wheelchair Medical Necessity Criteria

The coverage criteria for Medi-Cal reimbursement of a wheelchair is based on a stepwise progression of medical necessity listed in the clinical guidelines in Section I above and the specific criteria in Section II. In order for these criteria to be met, the beneficiary must have an evaluation that was performed by a QRP who has specific training and/or experience in wheelchair evaluation and ordering as applicable and defined in Welfare & Institutions Code Section 14105.485. The QRP must document, to the extent required by the coverage criteria for the specific wheelchair, how the beneficiary's medical condition supports Medi-Cal reimbursement. If coverage criteria for the wheelchair that is requested or provided are not met and if there is another device that meets the beneficiary's medical needs, payment will be based on the allowance for the least costly medically appropriate alternative (Title 22 CCR Section 51321). Determinations of least costly alternative will take into account the beneficiary's weight, seating needs, amount and type of use and needs for other medically necessary features. Maintaining documentation of least costly alternatives reviewed and attempted is the responsibility of the QRP and wheelchair provider. Documentation must be submitted or provided at the time of manual review of a prior approval request, claim, or audit.

1. Manual Wheelchairs are medically necessary when:

- Criterion A, B, C, D, and E are met; and
 - Criterion F or G is met, and
 - Criterion is met for specific devices listed below.
- A. The beneficiary has a mobility limitation that significantly impairs his/her ability to participate in one or more ADLs or IADLS, and
 - B. The beneficiary's mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane, crutches or walker, and
 - C. The manual wheelchair supplied to the beneficiary for use in or out of the home and community settings provides adequate access to these settings (e.g., between rooms, in and out of the home, transportation, over surfaces and a secure storage space), and
 - D. Use of a manual wheelchair will improve the beneficiary's ability to participate in ADLs

- or IADs and the beneficiary will use it on a regular basis, and
- E. The beneficiary has expressed a willingness to use the manual wheelchair that is provided, and
 - F. The beneficiary has sufficient upper extremity function and other physical and mental capabilities needed to safely self-propel the manual wheelchair 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.
 - G. A standard wheelchair may be medically necessary
 - when the beneficiary is able to self-propel the wheelchair, or
 - propel with assistance.
 - H. A standard hemi-wheelchair may be medically necessary
 - for disarticulation of one or both lower extremities, or
 - requires a lower seat height because of short stature, or
 - to enable the beneficiary to place his/her feet on the ground for propulsion.
 - I. A lightweight wheelchair may be medically necessary
 - when a beneficiary's medical condition and the weight of the wheelchair affects the beneficiary's ability to self-propel, or
 - for a beneficiary with marginal propulsion skills.
 - J. A high strength lightweight wheelchair may be medically necessary
 - when the beneficiary's medical condition and the weight of the wheelchair affects the beneficiary's ability to self-propel while engaging in frequent ADLs or IADs that cannot be performed in a standard or lightweight wheelchair, or
 - the beneficiary requires a seat width, depth, or height that cannot be accommodated in a standard, lightweight or hemi-wheelchair.
 - K. An ultra-lightweight multi-adjustable wheelchair may be medically necessary
 - when the beneficiary's medical condition and the weight of the wheelchair affects the beneficiary's ability to self-propel while engaging in frequent ADLs or IADs that cannot be performed in a standard, lightweight or high strength lightweight wheelchairs, and
 - the beneficiary's medical condition and the position of the push rim in relation to the beneficiary's arms and hands is integral to the ability to self-propel the wheelchair effectively, and
 - the beneficiary has demonstrated the cognitive and physical ability to independently and functionally self-propel the wheelchair, or
 - the beneficiary's medical condition requires multi-adjustable features or dimensions that are not available in a less costly wheelchair (e.g., pediatric size and growth options).
 - L. A heavy duty wheelchair is medically necessary
 - when the beneficiary weighs more than 250 pounds, or
 - the beneficiary has severe spasticity, or
 - body measurements cannot be accommodated by standard sized wheelchairs.
 - M. An extra heavy duty wheelchair is medically necessary
 - when the beneficiary weighs more than 300 pounds, or
 - body measurements cannot be accommodated by a heavy duty wheelchair.
 - N. Manual tilt-in-space wheelchairs are medically necessary
 - when the beneficiary is dependent for transfers, and

- the beneficiary has a plan of care that addresses the medical need for frequent positioning changes (e.g., for pressure reduction or poor/absent trunk control) that do not always include a tilt position.
- O. Back-up manual wheelchairs are medically necessary
- when the beneficiary meets the criteria for a powered mobility device, and
 - the beneficiary meets the criteria for the rented or purchased back-up manual wheelchair, and
 - the beneficiary is unable to complete ADLs or IADs without a back-up manual wheelchair, and
 - the backup wheelchair accommodates the SPC on the primary wheelchair.
- P. Pediatric sized folding adjustable wheelchairs with seating systems are covered as primary or back-up wheeled mobility
- when the beneficiary meets the criteria for wheeled mobility, and
 - the wheelchair is an appropriate size for the beneficiary, and
 - the beneficiary meets the criteria for recline and positioning options, and
 - the wheelchair provides growth capability in width and length.

2. Powered Mobility Devices are medical necessary when:

- Criterion A, B and C are met, and
 - Criterion is met for specific devices listed below.
- A. The beneficiary has a mobility limitation that impairs his or her ability to participate in one or more ADL or IADLs, and
- B. The beneficiary's mobility limitation cannot be safely resolved by the use of an appropriately fitted cane, crutches or walker, and
- C. The beneficiary does not have upper extremity function to self-propel an optimally-configured manual wheelchair to perform ADLs or IADs 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. An optimally-configured manual wheelchair is one with an appropriate wheelbase, device weight, seating options, and other appropriate non-powered accessories.

A four wheeled Power Operated Vehicle (POV) is covered if all of the basic coverage criteria (A-C) have been met and if criteria (D-I) are also met.

- D. The beneficiary is able to:
- Safely transfer to and from a POV, and
 - Operate the tiller steering system, and
 - Maintain postural stability and position in standard POV seating while operating the POV without the use of any additional positioning aids.
- E. The beneficiary's mental capabilities (e.g., cognition, judgment) and physical capabilities (e.g., vision) are sufficient for safe mobility using a POV in or out of the home, and
- F. The beneficiary's home provides adequate access between rooms, in and out of the home, maneuvering space, over surfaces and a secure storage space

- for the operation of the POV that is provided, and
- G. The beneficiary's weight is less than or equal to the weight capacity of the POV that is provided, and
- H. Use of a POV will significantly improve the beneficiary's ability to participate in ADLs or IADs, and
- I. The beneficiary has expressed willingness to use a POV.

NOTE: Group 2 POVs have added capabilities that must be medically justified; otherwise payment will be based on the allowance for the least costly medically appropriate alternative, the comparable Group 1 POV. If coverage criteria A-I are met and if a beneficiary's weight can be accommodated by a POV with a lower weight capacity than the POV that is provided, payment will be based on the allowance for the least costly medically appropriate alternative.

A Power Wheelchair (PWC) is covered if all of the basic coverage criteria (A-C) have been met and

- The beneficiary does not meet coverage criterion D, E, or F for a POV; and
- Criterion J-M are met; and
- Any coverage criteria pertaining to the specific wheelchair grouping (see below) are met.

- J. The beneficiary has the mental and physical capabilities to safely and independently operate the power wheelchair that is provided, and
- K. The beneficiary's weight is less than or equal to the weight capacity of the power wheelchair that is provided, and
- L. The beneficiary's typical environment (in or out of the home) provides adequate access between rooms, maneuvering space, over surfaces and a secure storage space for the operation of the power wheelchair that is provided, and
- M. The beneficiary has expressed willingness to use a power wheelchair.

PWCs are segmented into the following groupings:

- N. A Group 1 PWC (K0813-K0816) or a Group 2 (K0820-K0829) is covered if all of the coverage criteria (A-C, J-M) for a PWC are met and the wheelchair is appropriate for the beneficiary's weight.
- O. Group 2 Single Power Option PWC (K0835 – K0840) is covered if all of the coverage criteria (A-C, J-M) for a PWC are met and if:
 - Criterion 1 or 2 is met;
 1. The beneficiary requires a drive control interface other than a hand or chin- operated standard proportional joystick (examples include but are not limited to head control, sip and puff, switch control), or
 2. The beneficiary meets coverage criteria for a power tilt or a power recline seating system and the system is being used on the wheelchair.

- P. A Group 2 Multiple Power Option PWC (K0841-K0843) is covered if all of the coverage criteria (A-C, J-M) for a PWC are met and if:
- Criterion 1 or 2 is met;
 1. The beneficiary meets coverage criteria for a power tilt and recline seating system and the system is being used on the wheelchair, or
 2. The beneficiary uses a ventilator which is mounted on the wheelchair.
- Q. A Group 3 PWC with no power options (K0848-K0855) is covered if all of the coverage criteria (A-C, J-M) for a PWC are met and if the beneficiary's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity.
- R. A Group 3 PWC with Single Power Option (K0856-K0860) or with Multiple Power Options (K0861-K0864) is covered if all of the coverage criteria (A-C, J-M) for a PWC are met and if:
1. The Group 3 criteria (Q) are met, and
 2. The Group 2 Single Power Option criteria (O) or Multiple Power Options (P) are met.
- S. A Group 4 PWC with no power options (K0868-K0871) is covered if all of the coverage criteria (A-C, J-M) for a PWC are met and if:
1. The Group 3 criteria (Q) are met, and
 2. The minimum range, top end speed, obstacle climb or dynamic stability incline that is medically necessary for the beneficiary engaging in frequent ADLs or IADs cannot be performed in a Group 3 PWC.
- T. A Group 4 PWC with Single Power Option (K0877-K0880) or with Multiple Power Options (K0884-K0886) is covered if all of the coverage criteria (A-C, J-M) for a PWC are met and if:
1. The Group 4 criteria (S) are met, and
 2. The Group 2 Single Power Option criteria (O) or Multiple Power Options (P) are met.
- U. A Group 5 (Pediatric) PWC with Single Power Option (K0890) or with Multiple Power Options (K0891) is covered if the coverage criteria (A-C, J-M) for a PWC are met; and
1. The beneficiary is expected to grow in height, and
 2. The Group 2 Single Power Option criteria (O) or Multiple Power Options (P) are met.
- V. A push-rim activated power assist device (E0986) for a manual wheelchair is covered if the coverage criteria (A-C, J-M) for a PWC are met, and:

1. The beneficiary has been self-propelling in a manual wheelchair for at least one year, and
2. The beneficiary has a non-progressive disease, and
3. The beneficiary has successfully completed a two month trial period (reimbursable with prior approval as a rental).

W. SPC may be included with new wheelchair or billed separately under the following conditions:

1. Refer to the SPC Coverage Criteria for information concerning coverage of general use, skin protection, positioning, powered and custom made components.
2. A POV or PWC with Captain's Chair seating is not appropriate for a beneficiary who needs a separate SPC
3. If a beneficiary needs a seat and/or back cushion but does not meet coverage criteria for a skin protection and/or positioning cushion, it is appropriate to provide a Captain's Chair seat (if the code exists) rather than a sling/solid seat/back and a separate general use seat and/or back cushion.
4. A general use seat and/or back cushion provided with a PWC with a sling/solid seat/back will be considered equivalent to a power wheelchair with Captain's Chair and will be coded and priced accordingly, if that code exists.
5. If a beneficiary's weight combined with the weight of seating and positioning accessories can be accommodated by wheelchair with a lower weight capacity than the wheelchair that is requested or provided, approval or payment will be based on the appropriate HCPCS code that meets the medical need.

X. A PMD will be denied as not medically necessary if the underlying condition is reversible and the length of need is less than 3 months (e.g., following lower extremity surgery which limits ambulation).

III. Seating and Positioning Component Coverage Criteria

SPC are covered when criterion A, B **and** C, at least one of D-I, and J-S (if applicable) are met:

- A. The beneficiary has met the criteria for wheelchair, and
- B. The SPC meets the quality standards and coding definitions specified in the Definitions Section. A Product Classification List with products which have received a Medicare coding verification can be found on the Medicare Pricing, Data Analysis and Coding (MPDAC) web site. If a coding assignment is not available from MPDAC, the vendor must exercise due diligence in assigning an appropriate code. The Medicaid program reserves the right to review any and all coding assignments by vendors and the MPDAC based on submitted and published product specifications and other relevant information.
- C. The primary and back-up wheelchair bases accommodate the SPC.

- D. A general use seat cushion and a general use back cushion are covered when A, B and C are met.
- E. A skin protection seat cushion is covered when A, B and C are met and that beneficiary has one of the following:
1. A current pressure ulcer or past history of a pressure ulcer on the area of contact with the seating surface; or
 2. Absent or impaired sensation in the area of contact with the seating surface due to but not limited to one of the following diagnoses: spinal cord injury resulting in quadriplegia or paraplegia, other spinal cord disease, multiple sclerosis, other demyelinating disease, cerebral palsy, anterior horn cell diseases including amyotrophic lateral sclerosis, post-polio paralysis traumatic brain injury resulting in quadriplegia, spina bifida, childhood cerebral degeneration, Alzheimer's disease, Parkinson's disease; or
 3. Inability to carry out a functional weight shift due to one of, but not limited to, the following diagnoses: spinal cord injury resulting in quadriplegia or paraplegia, other spinal cord disease, multiple sclerosis, other demyelinating disease, cerebral palsy, anterior horn cell diseases including amyotrophic lateral sclerosis, post-polio paralysis, traumatic brain injury resulting in quadriplegia, spina bifida, childhood cerebral degeneration, Alzheimer's disease, Parkinson's disease; or
 4. Confined to their wheelchair for more than four (4) continuous hours on a daily basis.
 5. A well-documented history (as well as current status) of malnutrition.
- F. A positioning seat cushion or positioning back cushion, is covered when A, B and C are met and the beneficiary has one of the following:
1. Significant postural asymmetries that are due to but not limited to one of the diagnoses listed in criterion "E" above; or
 2. One of the following diagnoses: monoplegia of the lower limb or hemiplegia due to stroke, traumatic brain injury, or other etiology, muscular dystrophy, torsion dystonias, spinocerebellar disease.
- G. A positioning accessory is covered when criterion A, B, C and F are met and specifically:
1. A headrest or headrest extension (sling support for the head) is covered when the recipient has a covered manual tilt-in space, manual semi or fully reclining back, or power tilt and/or recline power seating system or needs additional head support. The code for a headrest includes any type of cushioned headrest, fixed, removable or non-removable hardware.
 2. An upper extremity support system (UESS) is covered when the medical need for positioning in a wheelchair cannot be met with less costly alternatives such as any combination of a safety belt, pelvic strap, harness, prompts, armrest modifications, recline, tilt in space or other existing or potential seating or wheelchair features. UESS dimensions

should not exceed the positioning length of the forearms (e.g., 12-15"). UESS and related accessories are not covered when used solely for activities of daily living.

3. UESS padding and positioning blocks are covered in addition to a UESS when there is a medical need for stabilization of the UESS due to strong spasticity or exaggerated muscle activity.
 4. Foot-Ankle Padded Positioning Straps (e.g., "ankle huggers") are covered when there is a medical need for stabilization of the foot and ankle due to strong spasticity or exaggerated muscle activity, and positioning in the wheelchair cannot be met with less costly alternatives, such as any combination of heel loop/holders and or toe/loop/holders, with or without ankle straps.
- H. A combination skin protection and positioning seat cushion is covered when criterion A, B, C, E and F are met, i.e., the criteria for both a skin protection seat cushion and a positioning seat cushion are met.
- I. A custom fabricated seat cushion is covered if the criteria for H are met and there is a comprehensive written evaluation by a licensed clinician (who is not an employee of or otherwise paid by a vendor or manufacturer), which clearly explains why a standard seating system is not sufficient to meet the beneficiary's seating and positioning needs. (If a custom fabricated seat and back are integrated into a one-piece cushion, code using the custom seat plus the custom back codes.)
- J. If foam-in-place or other material is used to fit a substantially prefabricated cushion to an individual recipient, the cushion must be billed as a customized cushion, not custom fabricated.
- K. The code for a seat or back cushion includes any rigid or semi-rigid base or posterior panel, respectively, which is an integral part of the cushion.
- L. Payment for all wheelchair seats, backs and accessory codes includes fixed, removable and/or quick-release mounting hardware if hardware is applicable to the item. If adjustable hardware is requested and found to be medically appropriate (e.g. pediatrics), it will be payable at invoice cost (not cost + 50%) in addition to the MRA for the seat, back or accessory component. If the code description includes any type mounting or adjustable hardware, no additional payment for this hardware will be made.
- M. The swing away, multi-positioning or removable mounting hardware upgrade code may only be billed in addition to the codes for a headrest, lateral trunk, hip supports, medial thigh supports, calf supports, abductors/pommels, and foot supports when medically justified. It must not be billed in addition to the codes for shoulder harness/straps or chest straps, wheelchair seat cushions or back cushions, or with PWCs with swing away, fixed or retractable joysticks.
- N. A manual tilt in space option is covered when:

1. Criterion A-C above are met, and
2. The beneficiary is dependent for transfers, and
3. The beneficiary has a plan of care that addresses the medical need for frequent positioning changes (e.g., for pressure reduction or poor/absent trunk control) that do not always include a tilt position.

O. A power tilt in space option for a PWC is covered when:

1. Criterion A-C and N above are met, and
2. The beneficiary has the mental and physical capabilities to safely and independently operate the power tilt in space that is provided.

P. A manual recline option is covered when:

1. Criterion A-C above are met, and
2. The beneficiary has a plan of care that requires a recline position to complete ADLs or IADs, and
3. The beneficiary has positioning needs that cannot be met by upright or fixed angle chair, or
4. The beneficiary's postural control requires a recline feature.

Q. A power recline option for a PWC is covered when:

1. Criterion A-C and P above are met, and
2. The beneficiary has a plan of care that requires a recline position to complete ADLs or IADs, and
3. The beneficiary has the mental and physical capabilities to safely and independently operate the power recline feature that is provided.

R. A combination manual tilt in space and recline option is covered when criterion N and P are met and if provided alone will not meet the seating and positioning needs.

S. A combination power tilt in space and recline option is covered when criterion O and Q are met and if provided alone will not meet the seating and positioning needs.

V. Definitions

This definition section is presented to assist the reader. The presence of a definition does not constitute a coverage determination.

Activities of Daily Living - include dressing/bathing, eating, ambulating (walking), toileting, hygiene.

Actuator – A motor that operates a specific function of a power seating system – i.e., tilt, back recline, power sliding back, elevating leg rest(s), seat elevation, or standing.

Alternative Control Device - A device that transforms a user's drive commands by physical actions initiated by the user to input control directions to a power wheelchair that replaces a

standard proportional joystick. Includes mini-proportional, compact, or short throw joysticks, head arrays, sip and puff and other types of different input control devices.

Beneficiary Weight Capacity – The terms Standard Duty, Heavy Duty, etc., refer to weight capacity, not performance. For example, the term Group 3 heavy duty power wheelchair denotes that the PWC has Group 3 performance characteristics and beneficiary weight handling capacity between 301 and 450 pounds. A device is not required to carry all the weight listed in the class of devices, but must have a beneficiary weight capacity within the range to be included. For example, a PMD that has a weight capacity of 400 pounds is coded as a Heavy Duty device.

Captain's Chair - A one or two-piece automotive-style seat with rigid frame, cushioning material in both seat and back sections, covered in cloth, vinyl, leather or equal as upholstery, and designed to serve as a complete seating, support, and cushioning system for the user. It may have armrests that can be fixed, swingaway, or detachable. It may or may not have a headrest, either integrated or separate.

Combination skin protection and positioning seat cushion – a standard or customized seat cushion which has the following features listed in (a) or (b), and (c), (d), and (e):

(a) Two or more of the following features which must be at least 25 mm in height in the pre-loaded state. Included in this definition are cushions which have a planar surface but have positioning features within the cushion which are made of a firmer material than the surface material:

- A pre-ischial bar or ridge which is placed anterior to the ischial tuberosities and prevents forward migration of the pelvis,
- Two lateral pelvic supports which are placed posterior to the trochanters and are intended to maintain the pelvis in a centered position in the seat and/or provide lateral stability to the pelvis,
- A medial thigh support which is placed in contact with the adductor region of the thigh and provides the prescribed amount of abduction and prevents adduction of the thighs,
- Two lateral thigh supports which are placed anterior to the trochanters and provide lateral stability to the lower extremities and prevent unwanted abduction of the thighs.

Or

(b) It has two or more air compartments located in areas which address postural asymmetries, each of which must have a cell height of at least 50 mm, must allow the user to add or remove air, and must have a valve which retains the desired air volume. (c) It has a removable vapor permeable or waterproof cover or it has a waterproof surface; and (d) It has a permanent label indicating the model and the manufacturer; and (e) It has a warranty that provides for repair or full replacement if manufacturing defects are identified or the surface does not remain intact due to normal wear within 18 months.

Crash Testing - Successful completion of WC-19 testing.

Cross Brace Chair - A type of construction for a power wheelchair in which opposing rigid braces hinge on pivot points to allow the device to fold.

Custom fabricated seat or back cushion - individually made for a specific beneficiary starting with basic materials, may include certain prefabricated components (e.g., gel or multi-cellular air inserts) which may not be billed separately.

(a) liquid foam or a block of foam and

(b) sheets of fabric or liquid coating material.

(c) The cushion must be fabricated using molded-to-recipient-model technique, direct molded-to-recipient technique, CAD-CAM technology, or detailed measurements of the recipient used to create a configured cushion.

(d) The cushion must have structural features that significantly exceed the minimum requirements for a seat or back positioning cushion. The cushion must have a removable vapor permeable or waterproof cover or it must have a waterproof surface.

Custom-fitted/customized means componentry made or added to already existing model or device that is assembled, adjusted or modified in order to fit the beneficiary's body.

Custom-made is fabricated solely for a particular beneficiary from raw materials which cannot be readily changed to conform to another beneficiary. These materials are used to create the item from beneficiary measurements or patterns. Custom-made requires that the MA beneficiary be measured for the custom-made item so that it can be fabricated from these measurements.

Custom rehabilitation equipment - any item, piece of equipment, or product system, whether modified or customized, that is used to increase, maintain, or improve functional capabilities with respect to mobility and reduce anatomical degradation and complications of individuals with disabilities. Custom rehabilitation equipment includes, but is not limited to, nonstandard manual wheelchairs, power wheelchairs and seating systems, power scooters that are specially configured, ordered, and measured based on patient height, weight, and disability, specialized wheelchair electronics and cushions, custom bath equipment, standers, gait trainers, and specialized strollers.

Durable medical equipment are devices and equipment, other than prosthetic or orthotic appliances, which have been ordered by a licensed practitioner in the treatment of a specific medical condition and which have all the following characteristics:

- Can withstand repeated use;
- Is used to serve a medical purpose;
- Is not useful to an individual in the absence of an illness, injury, functional impairment, or congenital anomaly;
- Is appropriate for use in or out of the beneficiary's home.

Dynamic Stability Incline - The minimum degree of slope at which the PMD in the most common seating and positioning configuration(s) remains stable at the required beneficiary weight capacity. If the PMD is stable at only one configuration, the PMD may have protective mechanisms that prevent climbing inclines in configurations that may be unstable.

Expandable Controller - An electronic system that is capable of accommodating one or more of the following additional functions:

- Proportional input devices (e.g., mini, compact, or short throw joysticks, touchpads, chin control, head control, etc.) other than a standard proportional joystick.
- Non-proportional input devices (e.g., sip and puff, head array, etc.)
- Operate 3 or more powered seating actuators through the drive control.

Note: Control of the power seating actuators through the Control Input Device would require the use of an additional component, E2310 or E2311.

An expandable controller may also be able to operate one or more of the following:

- A separate display (i.e., for alternate control devices)
- Other electronic devices (e.g., control of an augmentative speech device or computer through the chair's drive control)
- An attendant control

Foot-Ankle Padded Positioning Strap – a padded foot positioning strap that wraps around the ankle and attaches to the wheelchair footplates. The purpose of a FAPPS is to prevent unwanted inversion, eversion, extension or lifting of the foot, thereby reducing joint stress and increasing tolerance for positioning, creating a dynamic foot positioning system.

General use back cushion - a prefabricated cushion, which is planar or contoured; and has a removable vapor permeable or waterproof cover or it has a waterproof surface; and has a permanent label indicating the model and the manufacturer; and has a warranty that provides for repair or full replacement if manufacturing defects are identified or the surface does not remain intact due to normal wear within 12 months.

General use seat cushion - a prefabricated cushion with a removable vapor permeable or waterproof cover or has a waterproof surface; and has a permanent label indicating the model and the manufacturer; and has a warranty that provides for repair or full replacement if manufacturing defects are identified or the surface does not remain intact due to normal wear within 12 months.

Highway Use - Mobility devices that are powered and configured to operate legally on public streets.

Integral Control System - Non-expandable wheelchair control system where the joystick is housed in the same box as the controller. The entire unit is located and mounted near the hand of the user. A direct electrical connection is made from the Integral Control box to the motors and batteries through a high power wire harness.

Instrumental Activities of Daily Living - allow an individual to live independently in a community and include shopping, housekeeping, accounting, food preparation, taking medications as prescribed, use of a telephone or other form of communication, and accessing transportation within one's community.

Licensed Practitioners – clinical professionals furnishing medical care, or any other type of remedial care recognized under State law within their scope of practice as defined by State Law.

Multiple Power Options - A category of PWCs with the capability to accept and operate a combination power tilt and recline seating system. It may also be able to accommodate power elevating leg rests. A PWC does not have to accommodate all features to qualify for this code.

No Power Options – A category of PWCs that is incapable of accommodating a power tilt, recline, seat elevation, or standing system. If a PWC can only accept power elevating leg rests, it is considered to be a No Power Option chair.

Non-Expandable Controller - An electronic system that controls the speed and direction of the power wheelchair drive mechanism. Only a standard proportional joystick (used for hand or chin control) can be used as the input device. This system may be in the form of an integral controller or a remotely placed controller. The non-expandable controller may have the ability to control up to 2 power seating actuators through the drive control (for example, seat elevator and single actuator power elevating legrests). (Note: Control of the power seating actuators through the Control Input Device would require the use of an additional component, E2310 or E2311.) May also allow for the incorporation of an attendant control.

Non-Proportional Control Input Device - A device that transforms a user's discrete drive command (a physical action initiated by the wheelchair user, such as activation of a switch) into perceptually discrete changes in the wheelchair's speed, direction, or both.

Obstacle Climb - Vertical height of a solid obstruction that can be climbed using the standing and/or 0.5 meter run-up RESNA test.

Performance Testing - Term used to denote the RESNA based test parameters used to test PMDs. The PMD is expected to meet or exceed the listed performance and durability figures for the category in which it is to be used when tested. There is no requirement to test the PMD with all possible accessories.

Portable - A category of devices with lightweight construction or ability to disassemble into lightweight components that allows easy placement into a vehicle for use in a distant location.

Positioning back cushion - a standard cushion customized to include materials or components that may be added, removed and or fabricated from commercially available components to help address orthopedic deformities or postural asymmetries. Included in this definition are cushions which have a planar surface but have positioning features within the cushion which are made of a firmer material than the surface material. In addition, the back cushion has the following characteristics:

- (a) There is at least 25 mm of posterior contour in the pre-loaded state. A posterior contour is a backward curve measured from a vertical line in the midline of the cushion; and
- (b) For posterior-lateral cushions and for planar cushions with lateral supports there is at least 75 mm of lateral contour in the pre-loaded state. A lateral contour is backward curve measured from a horizontal line connecting the lateral extensions of the

cushion; and

(c) For posterior pelvic cushions there is mounting hardware that is adjustable for vertical position, depth, and angle, and

(d) It has a removable vapor permeable or waterproof cover or it has a waterproof surface; and

(e) The cushion and cover meet the minimum standards of the California Bulletin 117 or 133 for flame resistance; and

(f) It has a permanent label indicating the model and the manufacturer; and

(g) It has a warranty that provides for repair or full replacement if manufacturing defects are identified or the surface does not remain intact due to normal wear within 18 months.

Positioning seat cushion - may have materials or components that can be added or removed (customized) to help address orthopedic deformities or postural asymmetries and has the following characteristics listed in a or b and c and d:

(a) **Two or more** of the following features which must be at least 25 mm in height in the pre-loaded state. Included in this definition are cushions which have a planar surface but have positioning features within the cushion which are made of a firmer material than the surface material:

- A pre-ischial bar or ridge (e.g., anti-thrust) which is placed anterior to the ischial tuberosities and prevents forward migration of the pelvis,
- Two lateral pelvic supports which are placed posterior to the trochanters and are intended to maintain the pelvis in a centered position in the seat and/or provide lateral stability to the pelvis,
- A medial thigh support (e.g., built-in pommel) which is placed in contact with the adductor region of the thigh and provides the prescribed amount of abduction and prevents adduction of the thighs,
- Two lateral thigh supports which are placed anterior to the trochanters and provide lateral stability to the lower extremities and prevent unwanted abduction of the thighs; or

(b) Two or more air compartments located in areas which address postural asymmetries, each of which must have a cell height of at least 50 mm, must allow the user to add or remove air, and must have a valve which retains the desired air volume; and

(c) A permanent label indicating the model and the manufacturer; and

(d) A warranty that provides for repair or full replacement if manufacturing defects are identified or the surface does not remain intact due to normal wear within 18 months.

Power Mobility Device (PMD) - Base codes include both integral frame and modular construction type power wheelchairs (PWCs) and power operated vehicles (POVs).

Power Operated Vehicle - Chair-like battery powered mobility device for people with difficulty walking due to illness or disability, with integrated seating system, tiller steering, and four-wheel non-highway construction.

Power Options - Tilt, recline, elevating leg rests, seat elevators, or standing systems that may be added to a PWC to accommodate a beneficiary's specific need for seating assistance.

Power Wheelchair - Chair-like battery powered mobility device for people with difficulty

walking due to illness or disability, with integrated or modular seating system, electronic steering, and four or more wheel non-highway construction.

POV Basic Equipment Package - Each POV is to include all these items on initial issue (i.e., no separate billing/payment at the time of initial issue). See DME Provider Manual.

Proportional Control Input Device - A device that transforms a user's drive command (a physical action initiated by the wheelchair user) into a corresponding and comparative movement, both in direction and in speed, of the wheelchair. The input device shall be considered proportional if it allows for both a non-discrete directional command and a non-discrete speed command from a single drive command movement.

Push-rim activated power assist – An option for a manual wheelchair in which sensors in specially designed wheels determine the force that is exerted by the beneficiary on the wheel. Additional propulsive and/or braking force is then provided by motors in each wheel. Batteries are included.

PWC Basic Equipment Package - Each power wheelchair code is required to include all these items on initial issue (i.e., no separate billing/payment at the time of initial issue, unless otherwise noted).

Qualified Rehabilitation Professional – Professionals with competence in analyzing the needs of consumers with disabilities, assisting in the selection of appropriate assistive technology for the consumer's needs, and training in the use of the selected device(s). Specialty certification is required for professionals working in seating, positioning and mobility.

Radius Pivot Turn – The distance required for the smallest turning radius of the PMD base. This measurement is equivalent to the “minimum turning radius” specified in the ANSI/RESNA bulletins.

Range - Minimum distance acceptable for a given category of devices on a single charge of the batteries. It is to be determined by the appropriate RESNA test for range.

Remotely Placed Controller - Non-expandable or expandable wheelchair control system where the joystick (or alternative control device) and the controller box are housed in separate locations. The joystick (or alternative control device) is connected to the controller through a low power wire harness. The separate controller connects directly to the motors and batteries through a high power wire harness.

Single Power Option - A category of PWCs with the capability to accept and operate a power tilt or power recline, but not a combination power tilt and recline seating system. It may be able to accommodate power elevating leg rests in combination with a power tilt or power recline. A PMD does not have to be able to accommodate all features to qualify for this code. For example, a power wheelchair that can only accommodate a power tilt could qualify for this code.

Skilled Nursing Facility – Any institution, place, building, or agency which is licensed as a skilled nursing facility or is a distinct part or unit of a hospital, and meets the standard specified in section 51215 of California Code of Regulations (except that the distinct part of a hospital does not need to be licensed as a skilled nursing facility) and has been certified for participation as a skilled nursing facility in the Medi-Cal program. The term “skilled nursing facility” shall include the terms “skilled nursing home,” “convalescent hospital,” “nursing home,” or “nursing facility.”

Skin protection seat cushion - a prefabricated cushion with a removable vapor permeable or waterproof cover or a waterproof surface; and a permanent label indicating the model and the manufacturer; and a warranty that provides for repair or full replacement if manufacturing defects are identified or the surface does not remain intact due to normal wear within 18 months.

Sling Seat/Back - Flexible cloth, vinyl, leather or equal material designed to serve as the support for buttocks or back of the user respectively. They may or may not have thin padding but are not intended to provide cushioning or positioning for the user.

Solid seat insert – used for a seat cushion, a separate rigid piece of plastic or other material which is inserted in the cover of a seat cushion to provide additional support. The seat cushion is then placed on top of a sling seat or mounted with hardware in place of a sling seat.

Solid Seat/Back - Rigid metal or plastic material usually covered with cloth, vinyl, leather or equal material, with or without some padding material designed to serve as the support for the buttocks or back of the user respectively. They may or may not have thin padding but are not intended to provide cushioning or positioning for the user. PWCs with an automotive-style back and a solid seat pan are considered as a solid seat/back system, not a Captains Chair.

Solid seat support base – used to support a seat cushion, a rigid piece of plastic or other material which is included with a PWC base and pediatric seating or attached with hardware to the seat frame of a folding wheelchair in place of a sling seat. A seat cushion is placed on top of the solid support base.

Stadium Style Seat - A one or two piece stadium-style seat with rigid frame and cushioning material in both seat and back sections, covered in cloth, vinyl, leather or equal as upholstery, and designed to serve as a complete seating, support, and cushioning system for the user. It may have armrests that can be fixed, swing away, or detachable. It will not have a headrest. Chairs with stadium style seats are billed using the Captain’s Chair codes.

Standard components are those components that are not made solely for one individual. They are prefabricated and readily available on the commercial market (off the shelf) and can be utilized by a variety of beneficiaries.

Test Standards - Performance and durability acceptance criteria defined by ANSI/RESNA standard testing protocols.

Top End Speed - Minimum speed acceptable for a given category of devices. It is to be determined by the RESNA test for maximum speed on a flat hard surface.

Upper Extremity Support System – A flat surface across the abdominal area attached to a wheelchair at the armrests used to support proper positioning of upper extremities. Padded foam or foam like additions (i.e., protraction blocks, padding added to the flat surface) to a UEES are used to place the upper extremities in a protracted position to address strong spasticity or exaggerated muscle activity.