

# Wheelchair Options and Accessories

Policy Number: PA-071  
Last Review Date: 02/13/2020  
Effective Date: 04/01/2020

## Policy

Evolent Health considers **Wheelchair Options and Accessories** medically necessary for the following indications:

### Basic Criteria:

1. The member has a wheelchair or power mobility device (PMD) that meets coverage criteria;
- And
2. The wheelchair options/accessories are necessary for the member to perform mobility related activities of daily living (MRADLs) and to function in the home setting. The member has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features. The PT, OT, or physician may have no financial relationship with the supplier.

### Specific Criteria:

1. Wheelchair options and accessories must be requested by the physician and submitted with an evaluation by a PT, OT, or physician trained in PWC evaluations. It should clearly be stated in the evaluation why the specific device/accessory is being requested and why it is medically necessary.
2. Special consideration regarding powered and manual Recline and/or Tilt systems with/without elevating Leg Rests. These options are covered as detailed directly below. However, there is much overlap and there may be special circumstances leading to the recommendation of one over the other that may not be listed. In those cases, strong consideration will be given to the recommendation of the trained therapist or physician performing the evaluation.

*Recline and/or Tilt systems* with/without Elevating Leg Rests (Manual or Powered) are reviewed on a case-by-case basis by a Medical Director and covered when the member has any of the following conditions/needs:

- Quadriplegia or quadriparesis
- Fixed hip angle
- Excessive extensor tone of trunk muscles

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- Trunk or lower extremity casts or braces or orthopedic conditions that require the member to have reclining back feature on the wheelchair (Such as with contractures or other limitations)
- The need to rest two or more times a day in the recumbent position and has an inability to transfer independently from wheelchair to bed
- Increased tone or spasticity
- The need to perform intermittent catheterization, dressing, or bathing from the device and inability to transfer independently from wheelchair to bed
- The need for reclined position to manage pain or discomfort
- High risk for development of a pressure ulcer caused by weakness or decreased coordination and is unable to perform an independent weight shift

*Elevating Leg Rests* are covered when the member has any of the following:

- A musculoskeletal condition or the presence of a cast or brace which prevents 90 degree flexion at the knee;
- Significant edema of the lower extremities that requires having an elevating leg rest; or
- Meets the criteria for and has a reclining back on the wheelchair

### **Specific Criteria for other Wheelchair Options and Accessories**

*Adjustable Arm Height Options* are covered when:

- The member spends at least two hours per day in the wheelchair;  
AND
- The member requires an arm height that is different than that available using non-adjustable arms.

### **POWER WHEELCHAIR DRIVE CONTROL SYSTEMS:**

- Attendant Control is covered in place of or in addition to a member-operated drive control system when:
  - The member is unable to operate a manual or power wheelchair; or the member has fluctuating ability to control a manual or power wheelchair based on fatigue during the day or due to the fluctuating course of their disease (e.g. Multiple Sclerosis, Cerebral Palsy or Amyotrophic Lateral Sclerosis);
  - The member has a caregiver who is unable to operate a manual wheelchair but is able to operate a power wheelchair.

### **OTHER POWER WHEELCHAIR ACCESSORIES:**

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- Electronic Interface is covered when the member has a medically necessary speech generating device.

### MISCELLANEOUS ACCESORRIES:

- Anti-Rollback Device is covered if the member propels the wheelchair and needs the device because of ramps or grades.
- A Safety Belt/Pelvic Strap is covered and should be provided with all PMDs (member has weak upper body muscles, upper body instability or muscle spasticity).
- Arm Trough is covered if the member has any one of the following:
  - Quadriplegia, or
  - Hemiplegia, or
  - Uncontrolled arm movements.
- Batteries - up to two batteries at one time are covered if required to operate the wheelchair.
- Harness/Safety Strap - considered medically necessary when member requires use of this support for muscle spasticity, poor upper extremity muscle strength or instability.
- Nonstandard Seat Width and/or Depth when the member's physical dimensions justify the need.
- One Arm Drive Attachment covered when the member is able to propel self with only one hand.
- Oxygen Tank Cylinder Holder covered if oxygen is needed.
- Replacement of Special Power Wheelchair Interface is covered in the following situations:
  - When a joystick and controller is being replaced by another drive control interface (e.g., sip and puff, head control) due to a change in member's condition
  - Both the interface and the controller electronics are being replaced due to irreparable damage.

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- Tie Down Restraints are covered and should be utilized as needed for safe transport.

### **The following miscellaneous accessories are also covered:**

- Footrests/Leg rests
- Hand rims with Projections
- Headrest
- Interface and Interface Accessories: joystick handles, chin cup, sip and puff interface, breathing tube kit for sip and puff interface, mechanical head control interface, electronic head control interface, contact switch head control interface, proximity switch head control interface, interface for speech generating device).
- IV Hanger
- Shock Absorbers
- Swingaway, Retractable, Removable hardware
- Vent Tray
- Wheelchair Bearings

### **Limitations**

Some items/accessories may be denied if they are determined to be convenience items, which are not primarily medical in nature. Items also may be denied if they are of the type that are used solely to adapt to outside environment or to perform recreational or leisure activities.

The following list of options/accessories are considered not medically necessary:

- The ability to elevate seat by balancing on two wheels
- Any wheelchair option or accessory that is used primarily to allow the member to perform recreational or leisure activities.
- Attendant control that is provided in addition to a patient-operated drive control system
- Cane or crutch holder
- Canopies
- Clothing guards to protect clothing from dirt, mud or water
- Dual mode battery charger
- Electronic balance
- Electronic interface used to control lights or other electrical devices
- Home modification-includes modifications to the structure of the home to accommodate a wheelchair such as wheelchair ramps, elevators, lowered sinks or counters and wheelchair accessible showers

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- Lighting systems
- Non-sealed battery
- Manual standing system for a manual wheelchair
- Stair climbing feature.
- Snow tires for wheelchair
- Speed conversion kits
- Vehicle modification-includes modifications to motor vehicle such as wheelchair lifts or ramps to assist in lifting wheelchair up and into car or van
- Warning devices such as horns and back-up signals
- Wheelchair trays, baskets, bags or pouches used to hold personal belongings
- Wheelchair rack for automobile.

### See Also:

PA-010 Durable Medical Equipment and Corrective Appliances

### Background

Wheelchair options and accessories are additions or attachments to a manual wheelchair or power mobility device (PMDs) that are considered necessary options in order for the member to function in the home and to perform activities of daily living. The term power mobility device (PMD) includes power operated vehicles (POVs) and power wheelchairs (PWCs).

### References

1. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD). No. L33789 – Power Mobility Devices. Revision Effective: 01/01/2020. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33789&ver=27&Date=&DocID=L33789&bc=hAAAAAgAAAAA&>
2. Centers for Medicare and Medicaid Services (CMS). Local Coverage Article – A52498 - Power Mobility Devices. Revision Effective Date: 01/01/2020 <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52498&ver=35&Date=&DocID=A52498&bc=ggAAAAgAAAAA&>
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5. Rehabilitation Engineering & Assistive Technology of North America. RESNA Position on the Application of Seat-Elevating Devices for Wheelchair Users. Approved by RESNA Board of Directors, July 2019. Available at:  
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