

## Wheeled Mobility

### DOCUMENTATION REQUIRED:

See Wheeled Mobility Provider Letter OHCA 2009-12, and Wheeled Mobility Quick Reference attachment that is attached to this letter.

- Prescription signed by a physician, a physician assistant, or an advanced registered nurse practitioner
  - Objective documentation from clinical records supporting medical necessity for Mobility Assistive Equipment (MAE) for ambulation in the home setting.
  - On-site home environment assessment - An environment assessment is required and can be performed by the supplier or supplier's employee or a practitioner. It is recommended that assessments and measurements include:
    - A. Physical layout of the home,
    - B. Doorway widths,
    - C. Doorway thresholds,
    - D. Floor surfaces over which the device will have to move
    - E. Indicate which rooms are accessible to the MAE
  - The Specialty Evaluation or wheelchair selection must be performed no earlier than 90 days before PAR submission. Selection of specific make/model, measurements, and specific accessories for the wheelchair must be documented and the evaluation must be performed by one of the following:
    - A. Specialty Evaluation performed by a licensed or certified medical professional i.e. Physical Therapist, Occupational Therapist, or Rehabilitation Physician who has specific training and experience in rehabilitation wheelchair evaluations and documents the medical necessity for the wheelchair and **each accessory**. Specialty evaluation means the determination and documentation of the consumer's pathology, history, prognosis, and the physiological, functional and environmental factors that impact the selection of an appropriate wheeled mobility system. The report should be on the office or facility's usual medical record form and should not be on a supplier-generated form.
- OR,**
- Wheelchair selection by a RESNA certified assistive technology professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the member. Direct, in-person involvement is mandated as a documented

face-to-face assessment by the ATP who may be employed by the supplier and documents the necessity for the wheelchair and reason for **each accessory**. The supplier's file must have evidence of the ATP's direct, in-person interaction with the member in the wheelchair selection process. The documentation must be complete and detailed enough so a third party would understand the nature of the ATP's involvement and to show that the standard was met. If the selection of the wheelchair is performed by an ATP, objective documentation from clinical records supporting medical necessity is also required.

**COMPONENTS- INTERVIEW, HISTORY AND GENERAL INFORMATION:**

- Pertinent medical history and anticipated course of condition/diagnosis (stable, expected regression, etc.)
- Demographics
- Wheelchair manufacturer, brand name, make/model number
- Living situation (if applicable)
- Detailed description of mobility limitations within the home environment (including living room, kitchen, bathroom, bedroom)
- History of current mobility equipment use
- Why the current equipment is not meeting the member's needs (be very specific)
  - A. Provide current equipment measurements and features,
  - B. Provide recommended equipment measurements and features
  - C. Can the current equipment be grown or modified to meet the member's needs, if no, why?
- Documentation that the member's physician agrees that the current equipment needs to be replaced (i.e. physician signature on letter of medical necessity)
- Current seating system with any problems clearly identified (if applicable)
- Documentation to show the current equipment is beyond repair or that replacement is more cost effective than repairs include price comparison.
- Description of recommended products and features considered and/or tried with results
- If non-standard features are requested, provide valid reasons as to why a standard device or feature is inadequate to meet the member's needs
- Provide the medical necessity for the wheelchair and each accessory recommended.
- How chair will be transported; does the member's caregiver understand what equipment is being recommended and if their vehicle will transport the wheelchair? (i.e. size, weight, maneuverability of the wheelchair)
- Documented history of falls (if applicable)

**PHYSICAL EXAMINATION:**

- Skin integrity with description of current pressure ulcers, if present, and method of current pressure relief method and schedule
- Posture in sitting and in gravity eliminated positions (include whether skeletal deformities are fixed or flexible and include information about pelvis, lower extremities and trunk)
- Sitting and standing balance
- Range of motion limitations of upper and lower extremities
- Coordination and sensation of upper and lower extremities
- Strength of upper and lower extremities
- Respiratory status, include test results (if applicable)
- Cardiac function status, include test results (if applicable)
- Ambulation status, including gait and balance deviations, distance walked independently and with a cane and/or walker)
- Physical measurements (hip width, seat depth, etc.)
- Describe functional goals with the recommended equipment versus current equipment
- Height and weight

**Clarification of SoonerCare wheelchair coverage policy for members residing in a Long Term Care Facility or ICF/MR**

- Most Durable Medical Equipment, including wheelchairs, is considered to be covered as part of the long term care facility's per diem payment rate. Only custom seating systems are eligible for direct reimbursement to providers of DME services.
- Please contact the Oklahoma Health Care Authority 800-522-0114 if you receive a denial for a custom seating system for a member who resides in a long term care facility or ICF/MR facility.

**\*PRIOR AUTHORIZATION SUBMISSION DOES NOT GUARANTEE APPROVAL. ADDITIONAL DOCUMENTATION MAY BE REQUIRED. Supplier generated forms and Physician letters of medical necessity are not a substitute for the comprehensive medical record.**