

LA.CLI.059 Wheelchair, Wheelchair Repairs, Standing Frame, and Patient Lift

Effective Date:	January 1, 2023	Accountable Dept.:	Medicaid Clinical Delivery Experience 10585
Last Reviewed Date:	April 16, 2024		

Summary of Changes:

8/22/22: Policy creation-Approved by LDH for Readiness

5/15/23: Approved by LA UM Committee

9/11/23: Changed to new template for Annual Review Due by 5.15.24. Kwise, MCD Clinical Delivery Experience

1/12/24: Minor changes made. Kwise, RN, MCD Clinical Delivery Experience

5/31/24: Approved by LDH. Kwise, RN, MCD Clinical Delivery Experience

Scope:

This policy applies to all Humana Healthy Horizons® in Louisiana (Plan) associates who administer, review, or communicate covered physical and behavioral health benefits and services to eligible enrolled members.

Procedures:

Wheelchairs are approved only when the member is confined to a bed, chair or room.

Wheelchairs, Motorized and/or Custom Motorized

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

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

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

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

- The member is capable of safely operating the controls for a motorized wheelchair and can adapt to or be trained to use a motorized wheelchair effectively.

Wheelchair Prior Authorization

All wheelchairs and modifications required to meet the needs of a particular member are subject to PA. Prior authorization will be made for only one wheelchair at a time. Backup chairs, either motorized or manual, will be denied as not medically necessary. In addition to the required documentation needed for all PA requests, PA requests for motorized wheelchair must include:

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

Repairs and Modifications

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

Requests for modifications or reconstruction of the member's current motorized wheelchair shall not be considered basic repairs. Requests for modifications or reconstruction of the member's current motorized wheelchair must be submitted in accordance with PA criteria. Modifications or reconstruction will be denied if it is more cost effective to provide a new motorized wheelchair.

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

Standing Frame

A standing frame (also known as a stander, standing aid, standing device) is assistive technology that can be used by a person who relies on a wheelchair for mobility. A standing frame provides alternative positioning to sitting in a wheelchair by supporting the person in the standing position.

The criteria to be considered for a standing frame include, but are not limited to, the following. The member must:

- Be at a high risk for lower extremity contractures that cannot be improved with other interventions (stretching, medications, serial casting, splinting, and modalities);
- Be able to tolerate a standing or upright position on the foot and ankle;
- Be non-ambulatory or is unable to stand due to conditions such as, but not limited to, neuromuscular or congenital disorders, including acquired skeletal abnormalities;
- Have tried more cost-effective alternatives and still requires a stander;
- Not have a walker or gait trainer and it is not anticipated they will require one;
- Have demonstrated improved mobility, function and physiologic symptoms or has maintained status with the use of the requested stander and is able to follow a home standing program with the use of the requested stander; and
- Use the equipment for personal use only. The equipment will not be used at school.

Exclusion Criteria

Non-coverage of the standing frame includes, but is not limited to the following:

- The member has complete paralysis of the lower extremities;
- When there is no expected improvement in mobility or maintenance of function;
- The anticipated functional benefits of standing can be achieved through less-costly alternatives;
- Mobile (dynamic) stander – either self-propelled standers or standers with powered mobility;
- Active stander – allows movement of the arms and legs in a standing position;

- In members with syncope, orthostatic hypotension, postural tachycardia syndrome, osteogenesis imperfecta, osteoporosis, and other brittle bone diseases, and hip subluxation;
- In member's that have hip and knee flexion contractures of more than 20 degrees; and
- A stander will not be purchased for a member who has a gait trainer or ambulatory device.

Documentation Requirements

The following documentation must be submitted to support the medical necessity for this equipment:

- Physician prescription;
- State of Louisiana Medicaid Standing Frame Evaluation (BHSF-SF-Form 1) completed by a Louisiana State Licensed Physician and Physical or Occupational Therapist in its entirety (resources below); and
- Original Manufacture price.

Patient Lifts

Lifts are approved only if ALL of the following conditions are met:

- If the member is confined to bed, chair or room and is unable to transfer or unable to achieve needed movement with or without assistance;
- If the caregiver is unable without the use of a lift to provide periodic movement necessary to arrest or retard deterioration in the member's condition, thus affecting improvement in rehabilitation; and
- When the caregiver is unable to transfer member from chair to bed or bath (or vice versa) (e.g., because of member's size or weight).

NOTE: Medicaid covers hydraulic lifts. Medicaid does not cover electric lifts.

Definitions:

N/A

References:

A copy of the "State of Louisiana – Louisiana Department of Health (LDH) – Medicaid Standing Frame Evaluation" form must be used with all prior authorization requests for a standing frame. A copy of the form can be downloaded here:

<http://www.lamedicaid.com/provweb1/Forms/PAforms.htm>.

Louisiana Department of Health, Louisiana Medicaid Provider Manual Durable Medical Equipment (DME), Chapter Eighteen (18); Issued 2010.

Louisiana Department of Health, Louisiana Medicaid Managed Care Organization (MCO) Manual; Updated June 30, 2022.

Owner:	Kelli Wise	Executive Team Member:	LORI DUNNE/DR GUPTA
Accountable VP / Director:	Nicole Thibodeaux		

Non-Compliance:

Failure to comply with any part of Humana’s policies, procedures, and guidelines may result in disciplinary actions up to and including termination of employment, services, or relationship with Humana. In addition, state and/or federal agencies may take action in accordance with applicable laws, rules, and regulations.

Any unlawful act involving Humana systems or information may result in Humana turning over all evidence of unlawful activity to appropriate authorities. Information on handling sanctions related to noncompliance with this policy may be found in the Expectations for Performance, and Critical Offenses policies, both of which may be found in the Associate Support Center via Humana’s secure intranet on Hi! (Workday & Apps/Associate Support Center).