



## TEXAS HEALTH AND HUMAN SERVICES COMMISSION

CHRIS TRAYLOR  
EXECUTIVE COMMISSIONER

### Memorandum

To: Managed Care Program Oversight  
Enrollment Resolution Services  
Program Support and Utilization Review  
Managed Care Organizations

From: Michelle Erwin  
Director, Program Management  
Medicaid/CHIP Division

Subject: Custom power wheelchair benefit for nursing facility residents enrolled in a STAR+PLUS managed care organization (MCO) and/or a Medicare-Medicaid Plan (MMP)

Issuance Date: April 11, 2016                      HHSC: 16-04-003  
Effective Date: April 11, 2016

This memorandum applies to custom power wheelchairs (CPWC) for nursing facility (NF) residents residing in a licensed and certified nursing facility contracted through the Texas Department of Aging and Disability Services (DADS). Custom power wheelchairs are a benefit for Medicaid-eligible residents in a Medicaid enrolled nursing facility (NF), when medically necessary and prior authorized by the Health and Human Services Commission (HHSC) or its designee.

### Basic Eligibility Requirements

The MCO must use the following criteria to establish basic eligibility for the custom power wheelchair benefit for nursing facility residents. All criteria must be met for eligibility to be established.

- eligible for and receiving Medicaid services in a licensed and certified NF that has a Medicaid contract with DADS.
  - This includes Medicaid only beneficiaries as well as dual eligible residents that have both Medicare and Medicaid benefits.
- age 21 or older;

- certified by a signed statement or written order from a physician that the CPWC is medically necessary, as well as an evaluation, including a seating assessment that must be conducted by a licensed occupational or physical therapist. A Qualified Rehabilitation Professional employed by the DME provider must also be present during the seating assessment. The evaluation must show that the resident is:
  - unable to ambulate independently more than ten feet;
  - unable to operate a manual wheelchair;
  - able to safely operate a power wheelchair and all of its medically necessary components and equipment;
    - trials should be conducted in a power wheelchair to demonstrate ability to independently navigate the typical obstacles found in the environment and functionally operate the powerized accessories in a safe manner.
  - unable to be positioned in a standard power wheelchair;
  - has a mobility status that would be compromised without the requested CPWC;
  - a reasonable expectation that the resident will benefit from the use of this chair for a minimum period from 6 months to 5 years.

### **Required Elements of a Custom Power Wheelchair**

A custom power wheelchair is defined as a professionally manufactured wheeled mobility system that consists of a power base and customized seating system and provides motorized wheeled mobility and body support specifically for individuals with impaired mobility.

The power mobility base may include programmable electronics and may utilize alternate input devices.

The wheelchair must be medically necessary, adapted and fabricated to meet the individualized needs of the resident, and intended for the exclusive and ongoing use of the resident.

For safety, all chairs must include a stop switch for use by the client sitting in the chair.

Components of the customized seating system must be in part, or entirely usable only by the resident for whom the power wheelchair is adapted and fabricated. This means at least one of the components of the seating system may be usable only by that resident.

- In order to be considered customized, the seat must be specifically measured to fit the resident's needs, accounting for a 20 percent change in growth projected over a five (5) year period.

- Customized seating may include a customized seat cushion and/or back cushion or a molded seat.
  - Resident should have a documented condition that requires custom seating that includes, but is not limited to:
    - poor trunk control;
    - contractures of elbows and/or shoulders;
    - muscle spasticity;
    - tone imbalance through shoulders and/or back;
    - kyphosis, lordosis or other skeletal deformity
    - lack of flexibility in pelvis or spine.
  - Molded seat-billable labor to create may not exceed 15 hours
- Tilt in space capabilities. The resident should have a condition that meets medical necessity for a tilt in space feature, including, but not limited to:
  - documented weak upper extremity strength or a condition that leads to weakened upper extremities
  - severe spasticity;
  - hemodynamic problems;
  - quadriplegia;
  - excess extensor tone;
  - the need to rest in a recumbent position two or more times per day when the resident cannot transfer between the bed and the wheelchair without assistance; and/or be at risk for skin breakdown because of an inability to reposition in the chair to relieve pressure areas.
    - Reclining capabilities
- Power Elevating Leg Lifts. A power elevation feature involves a dedicated motor and related electronics with or without variable speed programmability, which allows the leg rest to be raised and lowered independently of the recline and/or tilt of the seating system. It includes a switch control which may or may not be integrated with the power tilt and/or recline control(s).
  - The resident should meet the criteria for reclining capabilities
  - The resident should have documented limitations with upper extremity functioning that would limit their ability to use manual elevating leg rests.
  - The resident should have a condition with one of the following:
    - A musculoskeletal condition such as flexion contractures of the knees or the placement of a brace that prevents 90 degree flexion.
    - Significant edema of the lower extremities that requires leg elevation
    - Hypotensive episodes that require frequent positioning changes
    - Required need to maintain anatomically correct positioning and reduction of exposure to skin shear

- Power Seat Elevation System. A power seat elevation system is used to raise and lower the client in their seated position without changing the seat angles to provide varying amounts of added vertical access when the resident does not have the ability to stand or pivot transfer without assistance.
  - Facilitate independent transfers, uphill transfers, and transfers across unequal seat heights to and from the wheelchair;
  - Augment the client's reach in cases of limited reach and range of motion in the shoulder, arm and/or hand

The custom power wheelchair must be:

- designed to assist the resident to be independently mobile in their environment;
  - This includes surfaces inside and outside of the facility.
- designed to meet the medical and physical needs of the resident and prevent or minimize any further decline; and
- for the exclusive use of the resident for whom it is authorized;
  - It becomes personal property of the resident and of the resident's estate upon death.

### **Prior Authorizations and Billing**

The MCO/MMP is responsible for the prior authorization and reimbursement of custom power wheelchairs, and may be responsible for chair modifications and adjustments under certain circumstances.

When a resident changes MCO/MMP for any reason (i.e., choice, moves out of service delivery area, etc.), and the prior authorization has already been approved but the chair has not yet been delivered to the NF resident, the MCO issuing the initial authorization is responsible for reimbursement of the CPWC. This is consistent with The Uniform Managed Care Contract, Section 5.06 Span of Coverage.

When the MCO receives a prior authorization request from a contracted DME Provider to construct a custom power wheelchair for a nursing facility resident, the MCO is required to respond with a decision of approval, denial or modification within three business days of the receipt of the request.

Denial notices should include responses that are specific and individualized, and outline the process and timelines for filing an appeal to the decision.

- Upon approval, the MCO would instruct the provider to proceed with construction of the chair and request that claims be billed directly through the MCO portal upon delivery of the chair to the nursing facility resident.
  - Specific billing codes should be used to identify the power base type and each accessory or component.

- The MCO/MMP must adjudicate a clean claim within 30 days. MCOs will be required to pay providers interest at an 18 percent annual rate if a claim or portion of a clean claims remains unadjudicated beyond the 30-day Claims Processing deadline.

The MCO/MMP is responsible for the prior authorization and reimbursement for modifications as described below. CPWC modifications are the replacement of components due to changes in the resident's condition.

- All modifications within the first six (6) months after delivery of the chair are considered part of the purchase price.
- Components that no longer function as they were originally designed are not considered modifications.
- Modifications to a CPWC after the first six (6) months following delivery must be sent for prior authorization request due to a change in the resident's needs, capabilities, or physical or mental status which was unknown or not anticipated.
  - The MCO will request the following documentation to be used in the prior authorization process:
    - all changes in the resident's mobility needs;
    - the original date of purchase;
    - the serial number of the current equipment; and
    - the cost of requested modification(s).

The MCO/MMP is responsible for prior authorization and reimbursement for CPWC adjustments as described below. Adjustments require labor only and do not include the addition, modification, or replacement of components or supplies needed to complete the adjustment.

- Adjustments are allowable after the first six (6) months following delivery of the chair. Adjustments prior to the first six months are considered part of the purchase price.
- A maximum of one hour of labor, as needed, may be requested.
- Adjustments do not require the purchase of supplies, as this is not defined as a repair.

The MCO/MMP is responsible for the prior authorization and reimbursement for CPWC replacement requests at or after five (5) years of the original date of purchase.

The MCO/MMP is responsible for prior authorization and reimbursement of replacement chairs prior to five years of the original date of purchase when the CPWC no longer meets the resident's needs. Other circumstances that would warrant chair replacement are indicated below:

- Serious damage was incurred through no fault of the resident.

## Custom Power Wheelchairs for Nursing Facility Residents

April 11, 2016

Page 6 of 6

- If it is determined that the chair was damaged due to abuse by staff of the NF, the NF is responsible for replacing the chair.
- CPWC was stolen and a police report is provided to document the theft.

The following items are not a benefit and cannot be billed additionally:

- Additional accessories such as tire pumps, color upgrades, gloves, back packs, USB ports and flags. (not considered medically necessary; list not all inclusive)
- Attendant control switch
- Elevators or platform lifts

In all other circumstances from those listed above, the NF is responsible for the routine maintenance and repair, including battery replacement of the resident's CPWC.

If you have any questions regarding this memorandum, you may contact **Sylvia Salvato**, at 512-462-6293 or at [sylvia.salvato@hhsc.state.tx.us](mailto:sylvia.salvato@hhsc.state.tx.us).