
Wheelchairs, Mobility Devices, and Seating Systems

4.210 Wheelchairs, Mobility Devices, and Seating Systems (01/07/2019, GCR 18-037)

4.210.1 Definitions

- (a) **“Wheelchairs and Mobility Devices”** means items of durable medical equipment (DME) that enable mobility for beneficiaries with a significant impairment in the ability to functionally ambulate. A mobility device, including a power operated vehicle, is an item that serves the same purpose as a wheelchair.
- (b) **“Functional Ambulation”** means the ability to walk with or without the aid of a device such as a cane, crutch, or walker for medically necessary purposes as defined in 4.210.2(b).
- (c) **Mobility-Related Activities of Daily Living (MRADL)**” means activities such as toileting, feeding, dressing, grooming, and bathing.
- (d) **“A Mobility Limitation that significantly impairs a beneficiary’s ability to participate in one or more MRADL”** means a limitation that:
 - (1) Prevents the beneficiary from accomplishing an MRADL entirely, or
 - (2) Places the beneficiary at heightened risk of morbidity or mortality when attempting to perform an MRADL, or
 - (3) Prevents the beneficiary from completing an MRADL within a reasonable time frame.
- (e) **“Customize”** means making significant alterations or modifications to a component that are not anticipated in the manufacturer’s design, or require fabrication of another component or hardware in order to adapt the equipment to a beneficiary or to the wheelchair.

4.210.2 Covered Services

- (a) Wheelchairs, mobility devices, seating systems, and related services are covered when medically necessary.
- (b) Wheelchairs and mobility devices are considered medically necessary when a beneficiary has a mobility limitation that significantly impairs his/her ability to:
 - (1) Participate in one or more MRADLs in or outside of the home,
 - (2) Access authorized Medicaid transportation to medical services, or
 - (3) Exit the home within a reasonable timeframe.
- (c) Rental of Wheelchairs and Mobility Devices
 - (1) Payment will be made for rental of one device under the following circumstances:
 - (A) While waiting for purchase or repair of a custom chair, when there is no other available option,
 - (B) For short-term acute medical conditions,
 - (C) During a trial period, or
 - (D) As part of Medicaid reimbursement requirements for items of DME subject to capped rental.
- (d) Non-Customized Manual Wheelchairs
 - (1) Payment will be made for non-customized manual wheelchairs for beneficiaries who have documented long-

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term medical needs.

(e) Custom Wheelchairs and Mobility Devices

- (1) Payment will be made for a customized manual wheelchair, a power wheelchair, a power-operated vehicle, or other mobility device when a beneficiary's MRADLs cannot be accomplished by the provision of a non-customized manual chair.

(f) Second Wheelchair or Mobility Device

- (1) Payment is limited to one primary piece of equipment, except when a beneficiary with a power wheelchair needs a manual wheelchair when medically necessary.

(g) Replacement Wheelchair or Mobility Device

- (1) Payment will be made for replacement wheelchairs or mobility devices for:

- (A) Beneficiaries with specific documented growth needs,
- (B) Beneficiaries with a change in medical status that necessitates replacement,
- (C) For loss, or
- (D) Replacement when, as a result of normal wear and tear, the wheelchair or device no longer safely addresses the medical needs of the beneficiary and can no longer be repaired.

(h) Seating Systems

- (1) Covered items are manufactured seating systems, and seating systems that have been custom-fabricated or customized by the DME provider, for use in a wheelchair. A seating system must contain a seat and/or back with one other positioning component.
- (2) Reimbursement for up to five hours of labor associated with custom fabrication of a seating system or customizing a seating system will be made to the DME provider.

- (i) Repair to damaged or worn equipment is covered when the equipment is not under warranty.

4.210.3 Qualified Providers and Vendors

- (a) Providers must be licensed, working within the scope of his or her practice and enrolled in Vermont Medicaid.
- (b) Vendors must be Medicaid enrolled providers of durable medical equipment.

4.210.4 Conditions for Coverage

- (a) The requirements in rule 4.209 Durable Medical Equipment apply to wheelchairs.
- (b) Payment will be made for seating systems, and/or any required accessories, for beneficiaries residing in a long term-care facility when the system is so uniquely constructed or substantially modified to the individual that it would not be useful to other residents.

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- (c) When Vermont Medicaid has purchased a seating system for an individual residing in a long-term care facility and that individual moves to a new living arrangement, Vermont Medicaid will purchase from the facility, at the net book value, the components of the wheelchair purchased by the facility.
- (d) When a beneficiary who resides in a long-term care facility moves to a new living arrangement and requires a wheelchair that is not available in the new residence, Vermont Medicaid will authorize coverage for a new wheelchair, or purchase, at the net book value, the wheelchair provided by the facility from which the individual moved.

4.210.5 Prior Authorization Requirements

- (a) Prior authorization is required for the purchase, rental, or replacement of wheelchairs and mobility devices.
- (b) Prior authorization is required for wheelchair repairs costing more than \$500. Equipment guarantees and warranties must be utilized before billing Medicaid.
- (c) Prior authorization is required for the labor cost of repairs where parts are under warranty.

4.210.6 Non-Covered Services

- (a) A wheelchair or mobility device is not covered when used as transportation that otherwise could be accomplished in a vehicle.
- (b) Payment will not be made for:
 - (1) Custom-colored wheelchairs or accessories,
 - (2) Cushions that are not an integral component of the wheelchair,
 - (3) Costs associated with repair or adjustments to the original wheelchair and related items under implied or expressed warranties, other than labor costs where parts are under warranty, or
 - (4) DME supplier's costs associated with fitting and/or evaluation of a seating system. These costs are included in the initial reimbursement for the item.