Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Date: Date: ~~07/01/02~~ ~~03/01/08~~
Section: Durable Medical Equipment Subject: ~~Wheelchair, Custom and/or Seating System~~ ~~Custom~~ Wheelchairs; Drivers and Seating Systems	Section: 10.87 Pages: ~~2–3~~ Cross Reference: Reimbursement 10.02 Documentation 10.07	

Based on medical necessity and satisfaction of the criteria below and all other terms of the Mississippi Medicaid Program, this item is available for coverage for:

_X_ Beneficiaries under age 21

___ ~~Beneficiaries age 21 and over who are receiving services through the Home Health program~~

___ All beneficiaries (no age restriction)

___ Beneficiaries who are pregnant

The provider must refer to the current fee schedule for the acceptable codes and fee schedule allowances available under Medicaid.

The following criteria for coverage apply to wheelchairs, custom and/or seating systems:

This item may be approved for :

___ Rental only

_X_ Purchase only

___ Rental for X months, then recertification is required

___ Rental up to the purchase amount or Purchase when indicated

~~This item~~ Custom wheelchair features must be ordered by a pediatrician, orthopedist, neurosurgeon, neurologist, or a physiatrist (a physician specializing in physical rehabilitation). It is expected that physicians be experienced in evaluating the child's specialized needs for the purpose of prescribing the correct customization features.

A custom wheelchair is one that has been uniquely constructed or substantially modified for a specific beneficiary. Standard type manual or electric wheelchairs to which accessories are added do not qualify as custom wheelchairs. Custom wheelchairs are covered for children whose medical condition is such that no other type wheelchair can be utilized in their case.

Seating System

A seating system may or may not be a part of a custom wheelchair. A wheelchair seating system consists of components used to position the beneficiary. It is mounted on a mobility base that may be manual or electric. The seating system for the child must be fitted to allow for growth.

When a seating system is ordered, a seating assessment or evaluation must also be performed by a physical therapist or occupational therapist, **not** employed by the DME supplier or the manufacturer. The

seating system evaluation form required by the Division of Medicaid and the ~~Peer/Utilization Review Organization~~ Utilization Management/ Quality Improvement Organization must be completed and submitted with the plan of care form requesting approval.

~~A custom wheelchair is one that has been uniquely constructed or substantially modified for a specific beneficiary. Custom wheelchairs/seating systems are covered for children whose medical condition is such that no other type of wheelchair can be utilized in their case.~~

~~Standard type manual or electric wheelchairs to which accessories are added do not qualify as custom wheelchairs. Special rehabilitation features, such as sip-and-puff equipment, are not considered a routine part of a custom wheelchair and are not covered.~~

~~A seating system may or may not be a part of a custom wheelchair. A wheelchair seating system consists of components used to position the beneficiary. It is mounted on a mobility base that may be manual or electric. The seating system for the child must be fitted to allow for growth.~~

Wheelchair Drivers

Electronic interfaces (drivers) on custom power wheelchairs are covered by the Mississippi Medicaid Program for beneficiaries under age 21 based on medical necessity. The documentation submitted with the prior authorization request must adequately explain the patient's medical condition which justifies the medical necessity for a driver. An electronic interface (driver) is defined as the mechanism for controlling the movement of a power wheelchair. Examples of the drivers include, but are not limited to, Joysticks, Chin-Control, Head-Control, Extremity-Control, and Sip and Puff features. Only one type of driver control system is covered for a custom power wheelchair.

When an electronic interface (driver) is ordered, a face to face evaluation must also be performed by a physical therapist or occupational therapist, not employed by the DME supplier or manufacturer. The driver evaluation form required by the Division of Medicaid and Utilization Management/Quality Improvement Organization must be completed and submitted with the plan of care form requesting prior approval.

The beneficiary must meet all of the following criteria for a motorized wheelchair:

- severe abnormal upper extremity dysfunction or weakness;
- the beneficiary has sufficient eye/hand perceptual capabilities to operate the chair and the cognitive skill to safely guide it independently;
- is capable of some activity to which the motorized chair will provide access;
- have an environment conducive to the use of a motorized wheelchair including ramps to enter/exit the home;
- have appropriate covered transport for the chair; and
- evaluation has determined that the beneficiary is physically unable to manage the wheelchair without the assistance of this electronic interphase.

Joystick (hand or foot operated) - The beneficiary must be able to safely demonstrate operating the motorized chair with extremity using a joystick. The beneficiary can manipulate the joystick with fingers, hand, arm foot etc.

Chin-Control- The beneficiary must be able to safely demonstrate operating the motorized chair with manipulation of the chin control device. The beneficiary has a medical condition which prevents the use of their hands/arms, but is able to move chin and safely operate chair in all circumstances.

Head-Control-The beneficiary must be able to safely demonstrate operating the motorized chair with manipulation of the head control device. The beneficiary has a medical condition which prevents the use of their hands/arms, but is able to move head freely with control of head and can safely operate chair in all circumstances.

Extremity Control- The beneficiary must be able to safely demonstrate operating the motorized chair with manipulation of the extremity control device. The beneficiary has a medical condition which prevents or limits fine motor skills during the use of their extremities, but is able to move hands/arms/legs to safely operate chair in all circumstances.

Sip and Puff features- The beneficiary must be able to safely demonstrate operating the motorized chair with manipulation of the Sip and Puff control. The beneficiary is not able to move their body at all, and cannot operate any other driver except this one.

An attendant control interface (driver) is considered "not medically necessary" and is not covered. An attendant control interface (driver) is one which allows the caregiver, instead of the patient to drive the wheelchair. The attendant control is usually mounted on the rear of the wheelchair or positioned separately from the controller box to be easily accessible to the caregiver.

Coding and Billing

For Mississippi Medicaid purposes, custom wheelchairs with or without seating systems and drivers must be requested ~~and/or~~ and billed under HCPCS Code E1220. Each item must be listed separately on the plan of care form but should be coded collectively under E1220. In addition, the DME supplier must list the name of the manufacturer and the product name/number. A copy of the manufacturer's quote for the custom wheelchair with or without the seating system or driver must be attached to the plan of care. If the seating system or driver is obtained from a different manufacturer, a copy of the quote from that manufacturer must also be attached to the plan of care.