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|  | <b>POLICIES AND PROCEDURES</b>                 |
| <b>Policy #:</b> 404-1605   | <b>Lead Department:</b> Utilization Management |
| <b>Title:</b> Wheelchair Authorization Guidelines                                 |  |
| <b>Original Date:</b> 04/01/2007  | <b>Date Published:</b> 04/15/2025              |
| <b>Approved by:</b> Utilization Management Work Group (UMWG)                      |  |

**Purpose:**

To describe Central California Alliance for Health's (the Alliance) guidelines for authorizing wheelchair requests.

**Policy:**

The Alliance will authorize requests for manual or power wheelchairs when the item is a covered benefit and is medically necessary in accordance with Alliance Policy 404-1112 - *Medical Necessity - The Definition and Application of Medical Necessity Provision to Authorization Requests*. The Alliance uses Medi-Cal criteria guidelines as listed in Medi-Cal Provider Manual.

**Definitions:**

Activities of Daily Living (ADL): ADLs refer to daily self-care activities such as personal hygiene and grooming, dressing and undressing, self-feeding, bowel and bladder management, ambulation (walking), functional transfers (getting in and out of bed, etc.) and activities specified in a medical treatment plan completed in customary locations in or out of the home. The ability to perform ADLs is used as a measure of a person's functional status.


California Children's Services: CCS is a state program for children with certain diseases or health problems. Through this program, children up to 21 years of age can get the health care and services they need for CCS-eligible conditions. CCS also provides medical therapy services that are delivered at public schools through their Medical Therapy Unit (MTU).

Functional Needs Assessment: The functional needs assessment is used to evaluate the presence of a mobility deficit to determine if a wheelchair is medically necessary for an individual.

Instrumental Activities of Daily Living (IADLs): IADLs allow an individual to live independently in a community and include shopping, housekeeping, accounting, food preparation, taking medications as prescribed, use of a telephone or other form of communication, accessing transportation within one's community.

Wheelchair Mobility Medical Necessity: A wheelchair is medically necessary if the beneficiary's medical condition(s) and mobility limitations are such that without the use of the wheelchair, the beneficiary's ability to perform one or more mobility related (ADL) or instrumental activities of daily living (IADL) in or out of the home, including access to community, is impaired and the beneficiary is not ambulatory or functionally ambulatory with static supports such as cane, crutches or walker.

Wheelchair Classification: Wheelchairs may be classified by their features. The Alliance covers the most cost-effective wheelchair that is medically necessary and appropriate to serve the member's medical needs for mobility.

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1. Basic, manual, standard weight wheelchairs are adequate for those with poor or no leg strength, but possess adequate arm and upper body strength, and who can self-propel within their living quarters.
2. Lightweight wheelchairs may be authorized for members with little upper extremity strength or limited endurance. Authorization of lightweight wheelchairs is appropriate if the member is able to achieve independent mobility not possible with a standard weight wheelchair.
3. Ultra-light wheelchairs are appropriate for those members with extremely limited endurance and/or very limited upper extremity function, but capable of propelling a very light wheelchair.
4. Power wheelchairs may be authorized for members who are non-ambulatory and have little or no hand or arm function but possess the physical and mental ability to safely operate such equipment.
5. Athletic, sports, or otherwise enhanced wheelchairs are not an Alliance benefit.
6. Power mobility devices or power operated vehicles (POV) that are designed, manufactured, distributed and/or marketed primarily for community access or outside-the-home use or that have tiller steering and limited seat modification capabilities are not covered by the Alliance.

Whole Child Model (WCM): The purpose of the WCM program is to incorporate services covered by the CCS Program into Medi-Cal managed care for Medi-Cal-eligible CCS Program members. Managed care plans (MCPs) operating in WCM counties will integrate Medi-Cal managed care and CCS Program administrative functions to provide comprehensive treatment of the whole child and care coordination in the areas of primary, specialty, and behavioral health for CCS-eligible and non-CCS-eligible conditions.


**Procedures:**

For all wheelchair rentals and purchases, the Alliance requires the following:

**1. Eligibility requirements:**

**Exclusions:**

- a. Wheelchair requests for social, educational or vocational reasons will be denied and members will be referred to the California State Department of Vocational Rehabilitation.
- b. Requests for members who reside in a skilled nursing or long-term care facility will be reviewed and the determination made in accordance with Title 22: California Code of

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Regulations, Section 51321. "...wheelchairs...may be authorized only when the item must be custom-made or modified to meet the unusual medical needs of the [member] and the need is expected to be permanent. A custom wheelchair, either manual or power, is one which has been uniquely constructed and assembled to address a particular [member's] individual medical needs for positioning, support, and mobility." Wheelchairs will not be authorized for the purpose of providing services that are provided by the skilled nursing or long-term care facility's staff as described in Title 22, Section 51335 for a skilled nursing level, and Section 51334 for an intermediate care facility.

## 2. Screening Requirements:


- a. All providers perform appropriate baseline health assessments and diagnostic evaluations that provide sufficient clinical detail to establish, or raise a reasonable likelihood, that a member has a CCS eligible medical condition. Providers will refer potential CCS-eligible members to the CCS program per Alliance Policy 404-1319 – *Screening and Referral of Medically Eligible Children to California Children's Services (CCS) Program*.
- b. Health Services staff will screen for California Children Services (CCS) eligibility. Health Services staff members will refer potential CCS-eligible members to the CCS program per Alliance Policy 404-1319– *Screening and Referral of Medically Eligible Children to California Children's Services (CCS) Program*.

## 3. Prescription requirements:

- a. The Alliance requires a current (within one year unless otherwise stated), complete prescription signed by a licensed practitioner (all contact information) within the scope of their practice.
  - i. For CCS WCM members, durable medical equipment may be authorized when prescribed by a CCS paneled physician who is approved to treat the member's CCS eligible medical condition for which rehabilitative services are necessary, and who has examined the member within the past six months.. If the recommending or prescribing physician is not a CCS-paneled physician approved to treat the member's CCS eligible medical condition, the request shall be reviewed by a CCS approved paneled physician for concurrence prior to submission for authorization.
- b. Item(s) being prescribed. If multiple or above-standard items are prescribed, these facts must be separately specified.

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- c. The prescription must include medical justification for the requested item unless this information is included with the attached medical documentation. This shall include the patient's medical status and functional limitation(s), and a description of how the specific item being requested is expected to improve the medical status or functional ability(ies) of the patient, stabilize the patient's medical condition, or prevent additional deterioration of the medical status or functional ability(ies) of the patient.
- d. Estimated length of time the item is medically necessary. The term of use should be stated as precisely as possible; for example, short-term use in months and long-term use as "permanent," "indefinite" or "lifetime."
- e. Rental requests must state the duration of need.
- f. Documentation of a face-to-face examination by a licensed clinician and an evaluation performed by a qualified provider who has specific training and/or experience in wheelchair evaluation and ordering, as applicable.
- g. The Alliance may require:
  - i. Information related to equipment currently owned by the recipient, detailed features of the DME item and the date of purchase and serial number.
  - ii. Verification and documentation that the requested equipment will fit and be usable in all living areas used by the recipient.
  - iii. Verification and documentation that the recipient and/or caregiver understand how to care for and use the requested equipment.
4. The Alliance will normally support only one wheelchair per member.
  - a. Replacement requests for current wheelchairs will be considered if a professional assessment of the current chair indicates that repair or modification is not cost-effective or is not justified.
  - b. If the member's current wheelchair allows them to meet their ADLs and IADL's , a request for a specialized or power wheelchair will be denied.
5. Independent medical evaluations, including home assessments, may be required upon request by the Alliance. The purpose of these assessments is to determine medical necessity for the type of wheelchair required and any special features or other equipment that might be needed to meet the member's medical needs. Independent medical

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evaluation may include in home measurements to ensure equipment can maneuver and fit safely within the living space.

6. For CCS WCM members who are clients of the CCS Medical Therapy Program (MTP), the MTP therapist may be consulted to help determine medical necessity for the type of wheelchair required and any special features or other equipment that might be needed to meet the member's medical needs.

The Alliance recognizes that occasionally there are extenuating circumstances to the requirements listed above. The documentation accompanying each request will be reviewed and the decision to authorize, approve as modified, or deny the request will be based on medical necessity.

#### **References:**

##### Alliance Policies:

- 404-1112 – Medical Necessity - The Definition and Application of Medical Necessity Provision to Authorization Requests
- 404/1319– Screening and Referral of Medically Eligible Children to California Children's Services (CCS) Program
- 404-1601 – DME Authorization

##### Impacted Departments:

- Community Care Coordination
- Claims
- Member Services
- Provider Services

##### Regulatory:

- CCS Numbered Letter 09-0514 Powered Mobility Devices
- CCS Information Notice 05-09 Addition to Durable Medical Equipment-Rehabilitation (DME-

##### R) Guidelines

- CCS Numbered Letter 09-0703 Durable Medical Equipment
- Title 22, California Code of Regulations, Section 51335
- Title 22, California Code of Regulations, Section 51334
- Title 22: California Code of Regulations, Section 51321

##### Legislative:

Contractual (Previous Contract):


Contractual (2024 Contract):

DHCS All Plan Letter:

APL15-018

NCQA:

Supersedes:

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Other References:

Attachments:

**Lines of Business This Policy Applies To**

- ☐ DSNP  
☒ Medi-Cal  
☒ Alliance Care IHSS

**LOB Effective Dates**

(01/01/2026 – present)  
 (01/01/1996 – present)  
 (07/01/2005 – present)

**Revision History:**

| Reviewed Date | Revised Date | Changes Made By                                    | Approved By |
|---------------|--------------|--|-------------|
| 05/19/2020    | 05/19/2020   | Lorna Metzger, RN<br>Prior Auth Supervisor         | UMWG        |
| 05/17/2022    | 05/17/2022   | Tisa Llamas, RN<br>Prior Auth Supervisor           | UMWG        |
| 11/06/2024    | 11/06/2024   | Tisa Llamas, RN<br>Prior Authorizations Supervisor | UMWG        |
| 01/13/2025    | 01/13/2025   | Tisa Llamas, RN<br>Prior Authorizations Supervisor | UMWG        |