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**CHAPTER 18: DURABLE MEDICAL EQUIPMENT**

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**18.2.19 Ambulatory Equipment****18.2.19.1 Canes and Crutches**

Requests for canes (wooden or metal), quad canes (four-prong), and all types of crutches may be approved if the beneficiary's condition impairs ambulation and there is a potential for ambulation.

**18.2.19.2 Walkers and Walker Accessories**

A standard walker and related accessories are covered if all of the following criteria are met:

1. Prescribed by a physician for a beneficiary with a medical condition that impairs ambulation;
2. Beneficiary has a potential for ambulation; and
3. Beneficiary has a need for greater stability and security than can be provided by a cane or crutches.

**Wheeled Walker**

A wheeled walker may be of fixed or adjustable height and may include glide-type brakes (or equivalent). The wheels may be fixed or swivel. A wheeled walker shall be approved only if the beneficiary is unable to use a standard walker due to severe neurological disorders, debilitating medical condition that may prohibit the use of a standard walker or limited use of one hand. The request must contain supporting documentation from the prescribing physician which substantiates the need for a wheeled walker rather than a standard walker.

**Heavy Duty Walker**

A heavy-duty walker may be approved for beneficiaries who meet the criteria for a standard walker and weigh more than 300 pounds.

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**Heavy Duty, Multiple Braking System, Variable Wheel Resistance Walker**

A heavy duty, multiple braking system, variable wheel resistance walker is a four-wheeled, adjustable height, folding walker that has all of the following characteristics:

1. Capable of supporting beneficiaries weighing more than 350 pounds;
2. Hand operated brakes that cause the wheels to lock when the hand levers are released;
3. Can be set so that either one or both brakes can lock the wheels;
4. Adjust so the beneficiary can control the pressure of each hand brake;
5. Additional braking mechanism on the front crossbar; and
6. A minimum of two wheels have brakes that can be independently set through tension adjustability to provide varying resistance.

A heavy duty, multiple braking system, variable wheel resistance walker is considered medically necessary for beneficiaries who weigh greater than 350 pounds, meet coverage criteria for a standard walker, and are unable to use a standard walker due to a severe neurological disorder or other condition causing the restricted use of one hand. Obesity alone is not considered a medically necessary indication for this walker.

**Leg Extensions**

Leg extensions are considered medically necessary for beneficiaries six feet tall or more.

**Arm Rests**

Arm rest attachments are considered medically necessary when the beneficiary's ability to grip is impaired.

**Non-Covered Walker Items**

1. Walker with enclosed frame;

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2. Enhanced accessories (i.e. style, color, hand operated brakes (other than those described above on heavy duty), multiple braking system, variable wheel resistance walker, seat attachments, tray attachments, or baskets (or equivalent); and
3. Walking belts.

A walker with enclosed frame is a folding wheeled walker with a frame completely surrounding the beneficiary and an attached seat in the back. Walkers with enclosed frames are not considered medically necessary because their medical necessity compared to a standard folding wheeled walker has not been established.

**Enhancement Accessories**

Medicaid considers enhancement accessories of walkers, canes and crutches not medically necessary. An enhancement accessory does not contribute significantly to the therapeutic function of the walker, cane or crutch. It may include, but is not limited to style, color, hand operated brakes (other than those described in the section above on heavy duty, multiple braking system, variable wheel resistance walker), seat attachments, tray attachments, or baskets (or equivalent).

**Walking Belts**

Medicaid does not consider walking belts used to support and guide the beneficiary in walking as medically necessary because they are not primarily medical in nature and are normally used by persons who do not have a disease or injury.

**18.2.19.3 Wheelchairs**

Wheelchairs are approved only when the beneficiary is confined to a bed, chair or room. All requests for a custom manual or power wheelchair require submission of a completed **Custom Wheelchair** form.

**Standard Wheelchairs**

The request should indicate the beneficiary's ability to walk unassisted without the use of an appropriate fitted cane or walker and whether the request is for a first chair or replacement chair. Standard wheelchairs require documentation of medical necessity.

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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.

**Standard Wheelchair Attachments**

1. Foot rests;
2. Brakes; and
3. Arm rests.

**Custom Manual Wheelchairs**

A custom manual wheelchair is constructed to the specific body measurements and medical needs of the beneficiary. General criteria for a custom manual wheelchair includes inability to walk and propel a standard wheelchair.

In addition to the required documentation needed for all PA requests, PA requests for a custom manual wheelchair must include:

1. Completed PA-01 form or the electronic PA demographics on ePA;
2. Physician prescription for a custom manual wheelchair that includes:
  - a. Documentation the beneficiary is unable to propel a standard wheelchair; and
  - b. Diagnosis or limitations to justify the need for a custom manual wheelchair; and
3. **Custom Wheelchair** form with medical justification for the requested wheelchair and **ALL** modifications. All medical justification must be documented on the form. Indicating, “*See attached*” in a field on the form is not sufficient. Attaching documentation to the form without completing the fields on the form related to that documentation may result in denial of the PA.

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**Custom Motorized Wheelchairs**

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 beneficiary's condition is such that the requirement for a motorized wheelchair is long term (at least six months).

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

1. Is not functionally ambulatory. 'Not functionally ambulatory' means the beneficiary's ability to ambulate is limited such that without use of a wheelchair, he/she would otherwise be generally bed or chair confined;
2. 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
3. Capable of safely and independently 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 beneficiary are subject to PA. The PA request must include documentation on the **Custom Wheelchair** form of medical justification for the requested wheelchair and modification. 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:

1. Completed PA-01 form or the electronic PA demographics on ePA;
2. Physician's prescription for a motorized wheelchair;

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3. Medical documentation from a physician and/or physical/occupational therapist is required to support the provisions set forth regarding beneficiary criteria as noted above;
4. **Custom Wheelchair** form, seating evaluation performed, signed and dated by the physical therapist or occupational therapist that performed the seating evaluation. The seating evaluation shall:
  - a. Indicate the appropriateness of the specific wheelchair requested and all modifications and/or attachments to the specific wheelchair and its ability to meet the beneficiary's long term medical needs. Options that are primarily beneficial in allowing the beneficiary to perform leisure or recreational activities are not covered;
  - b. Beneficiary's diagnosis or condition is such that a motorized wheelchair is medically necessary; and
  - c. He or she has seen the seating evaluation and motorized wheelchair recommendation.
5. Documentation indicating that the beneficiary is capable of safely and independently 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 beneficiary 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 beneficiary's physician and/or, physical/occupational therapist that he/she has determined that the beneficiary 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
  - b. Signed and dated statement from the beneficiary's physician or physical/occupational therapist that he or she has determined that the beneficiary can adapt to or be trained to use the motorized wheelchair effectively. This statement must be verified by the notes and

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recommendation of the physician, physical therapist or occupational therapist making such statement.

**Wheelchair Repairs and Modifications**

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

Requests for modifications or reconstruction of the beneficiary's current wheelchair shall not be considered basic repairs. Requests for modifications or reconstruction of the beneficiary's current wheelchair must be submitted in accordance with PA criteria and submitted on the Repair Form for **Custom Wheelchairs**.

Modifications, repairs, or reconstruction will be denied if it is more cost effective to provide a new wheelchair.

All repairs and modifications of 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 beneficiary's wheelchair is being repaired or modified.

**18.2.19.4 Standing Frames**

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.

**Specific Criteria**

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

The beneficiary must:

1. Be at a high risk for lower extremity contractures that cannot be improved with other interventions (stretching, medications, serial casting, splinting, and modalities);
2. Be able to tolerate a standing or upright position on the foot and ankle;

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3. 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;
4. Have tried more cost effective alternatives and still requires a stander;
5. Not have a walker or gait trainer and it is not anticipated they will require one;
6. 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
7. 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:

1. Beneficiary has complete paralysis of the lower extremities;
2. There is no expected improvement in mobility or maintenance of function;
3. Anticipated functional benefits of standing can be achieved through less-costly alternatives;
4. Mobile (dynamic) stander – either self-propelled standers or standers with powered mobility;
5. Active stander – allows movement of the arms and legs in a standing position;
6. In beneficiaries with syncope, orthostatic hypotension, postural tachycardia syndrome, osteogenesis imperfecta, osteoporosis, and other brittle bone diseases, and hip subluxation;
7. Beneficiary with hip and knee flexion contractures of more than 20 degrees; and
8. Beneficiary who has a gait trainer or ambulatory device.



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**Documentation Requirements**

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

1. Prior Authorization – (PA-01 Form);
2. Physician prescription;
3. State of Louisiana Medicaid Standing Frame Evaluation (BHSF-SF-Form 1) completed by a Louisiana State License Physician and Physical or Occupational Therapist in its entirety (see Appendix G); and
4. Original Manufacture price.

**18.2.19.5 Strollers of a Therapeutic Type**

Strollers of a therapeutic type are approved if the beneficiary is confined to a bed, chair or room, or if they are needed for transportation to a medical or training facility.

**18.2 19.6 Special Needs Car Seat**

A special needs car seat is designed for safe transport of the moderately to severely disabled child.

A special needs car seat is covered when all of the following criteria apply:

1. Special needs car seat must be medically necessary and appropriate. The physician must submit a full description of the beneficiary's postural condition including head and trunk control and height and weight. Weight must be between 20-105 pounds;
2. Beneficiary's condition is of such severity that he/she cannot be safely transported using a standard car seat, car seat belts, or modified vest travel restraints;
3. There is expected long-term need for the car seat; and
4. Special needs car seat must accommodate at least 36 months growth.

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If applicable, the car seat must be equipped with leg extensions to allow for growth over the 36-month period. Consideration must be given to the manufacturers' weight limitations.