



## Medical Necessity Guideline

<b>Medical Necessity Guideline (MNG) Title: Wheelchair – Custom Fabricated Seat and Cushion</b>		
<b>MNG #: 090</b>	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input checked="" type="checkbox"/> MAPD-MA Medicare Preferred <input checked="" type="checkbox"/> MAPD-MA Medicare Value <input checked="" type="checkbox"/> MAPD-RI Medicare Preferred <input checked="" type="checkbox"/> MAPD-RI Medicare Value <input checked="" type="checkbox"/> DSNP-RI Medicare Maximus	<b>Prior Authorization Needed?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Clinical:</b> <input checked="" type="checkbox"/>	<b>Operational:</b> <input type="checkbox"/>	<b>Informational:</b> <input type="checkbox"/>
<b>Medicare Benefit:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Approval Date:</b> 11/04/2021;	<b>Effective Date:</b> 2/06/2022;
<b>Last Revised Date:</b>	<b>Next Annual Review Date:</b> 11/04/2022;	<b>Retire Date:</b>

**OVERVIEW:**

Custom fabricated wheelchair seats or backs are required when a member’s seating needs cannot be met by standard seat backs or cushions. This may be due to the member’s unique anatomy, their need for customized support to facilitate function or their need for customized pressure reduction to prevent skin impairment. These custom fabricated backs and cushions are designed by direct molding of member, specific measurements of member or by hand carving the back or cushion material to meet the member’s need.

**DECISION GUIDELINES:**

**Clinical Eligibility:** Member must meet criteria 1, and one of criteria 2-6:

1. Member’s needs cannot be met by standard seat or cushion
2. Member requires specific fabrication materials that are not available with standard backs or cushions
3. Member demonstrates unique anatomy
4. Member has history of or present skin impairment due to pressure
5. Member is at risk of further deformity without use of custom seating
6. Member requires custom external support forces to assume/maintain optimal function

**Determination of need:**

- Members needs could not be met by a standard wheelchair and/or back cushion

**LIMITATIONS/EXCLUSIONS:**

- Member does not already have equipment that is able to meet their needs and is in good working order.
- The member’s needs could be met with a less costly alternative.
- The equipment cannot reasonably be expected to make a meaningful contribution to the treatment of a member’s illness or injury.



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### KEY CARE PLANNING CONSIDERATIONS:

- Member is motivated to be positioned with custom fabricated seating.

### AUTHORIZATION: HCPCS codes E2609 and E2617 require authorization.

Requires prior authorization including quote from RTS demonstrating AAC (acquired acquisition cost) and documentation of medical necessity by LCMP.

- Member must have a specialty evaluation that was performed by a licensed/certified medical professional (LCMP), such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features. The LCMP may have no financial relationship with the supplier.
- The wheelchair is provided by a Rehabilitative Technology Supplier (RTS) that employs a RESNA-certified Assistive Technology Professional (ATP) who specialized in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the member.

### Documentation Requirement:

- Standard written Order (SWO)
- Letter of Medical Necessity (LMN)
- Detailed labor sheet
- Manufacturer's invoice and provider quote

### REGULATORY NOTES:

Medicare Local Coverage Determination (LCD): Wheelchair Seating (L33312)

Mass Health; 130 CMR 450.204: Medical Necessity; 130CMR 428.402 Definitions; 130CMR 409.402: Definitions; 130CMR 409.414 Non-covered services

### RELATED REFERENCES:

This DST guide is not a rigid rule. CCA has the mission to address all of our complicated members' health needs. Care partners can identify members with Behavioral Health and HOPE (\*) challenges who may benefit from extending these guidelines to support our at-risk members' unique health challenges. CCA encourages our clinicians to clearly document our members' unique health contexts when requesting care which does not meet this formal DST's conditions and recommendations.

\*High Opiate Patient Engagement = members with high doses of opiates whom we hope to help by treating their pain alternatively and reducing their exposure to dangerous opiates.



## Medical Necessity Guideline

**ATTACHMENTS:**

EXHIBIT A	
EXHIBIT B	

**REVISION LOG:**

REVISION DATE	DESCRIPTION

**APPROVALS:**

Avideep Chawla  
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 CCA Senior Clinical Lead [Print]

*Avideep Chawla*

Signature

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CCA Senior Operational Lead [Print]

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11/04/2021

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 CCA CMO or Designee [Print]

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11/04/2021

Date