This drafted policy is open for a two-week public comment period. This box is not part of the drafted policy language itself and is intended for use only during the comment period to provide readers with a summary of what has changed.

HHSC is performing a targeted review of the Mobility Aids - Home Health (HH) benefit for Medicaid clients.

The following is a summary of changes in scope for this policy review:

* Added Push-Rim Activated Power Assist Wheelchair (PAPAW) System (procedure code E0986) as a benefit with authorization and documentation requirements.
	+ Note: All documentation criteria for the PAPAW is included in the authorization requirements section.

The following is out of scope for this review:

* All other sections of the mobility aids policies outside of the PAPAW

Some policy language that is out of scope for this review is included in this document for context. New policy language has been added in tracked changes to indicate proposed policy changes.

Note: The current Mobility Aids HH benefit description can be found in the Texas Medicaid Provider Procedures Manual (TMPPM), Vol 2: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook, Sections 2.2.17 Mobility Aids.

**Texas Medicaid**

# MOBILITY AIDS – HOME HEALTH

## Statement of Benefits

1. Mobility aids and related supplies, including, but not limited to, canes, crutches, walkers, wheelchairs, and ramps as detailed in this policy are a benefit through Title XIX Home Health Services to assist clients to move about in their environment when the following criteria are met:
	1. The client must be eligible for home health benefits
	2. The equipment requested must be medically necessary
	3. The criteria listed in this policy for the requested equipment must be met
	4. Federal financial participation must be available
	5. The client’s mobility status would be compromised without the requested equipment
	6. The requested equipment or supplies must be safe for use in the home

**NOTE:** A mobility aid for a client who is birth through 20 years of age is medically necessary when it is required to correct or ameliorate a disability or physical illness or condition.

1. Durable medical equipment (DME) is defined as medical equipment or appliances manufactured to withstand repeated use, ordered by a physician for use in the home, and required to correct or ameliorate the client’s disability, condition, or illness. Since there is no single authority (such as a federal agency) that confers the official status of “durable medical equipment” on any device or product, the Health and Human Services Commission (HHSC) retains the right to make such determinations with regard to DME covered by Texas Medicaid.

### Push-Rim Activated Power Assist Wheelchair (PAPAW) System

1. A push-rim activated power assist wheelchair (PAPAW) system is a wheelchair accessory that adds a power component to manual wheelchairs for additional power for propulsion and for braking. These systems may include specially designed wheels with sensors and motors embedded to determine the force that is exerted by the person upon the wheel. The system includes components such as the drive wheels,batteries, battery chargers, controls and mounting hardware.

## Provider Type(s)

* Specialized/Custom Wheeled Mobility Systems Qualified Rehabilitation Professional (QRP) (Specialty SC - QRP performing provider)
* 40 Medical supplier (DME)

Table A: Provider Types—Wheeled Mobility Systems Benefits

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| --- |
| Provider Type/ Specialty |
| Medical supplier (DME) |
| Performing provider for:Custom wheeled mobility systemsQRP’s participation in the seating assessment Fitting performed by the QRP |

## Place(s) of Service

* Home

## Authorization Requirements

1. Prior authorization is not required for canes, crutches, or walker accessories. Prior authorization is required for all other mobility aids and related services provided through Home Health services, including any accessories, modifications, adjustments, replacements, and repairs to the equipment, with the exception of a seating assessment for a wheeled mobility system performed by a PT, an OT, or a physician. The QRP’s participation in the seating assessment requires authorization before the service may be reimbursed.
2. A completed, signed and dated Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form must be maintained by the DME provider. The ordering physician must maintain the completed, originally signed and dated Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form in the client’s medical record.
3. To facilitate determination of medical necessity and avoid unnecessary denials, the physician must provide correct and complete information, including accurate documentation of medical necessity for the equipment requested. The physician must maintain documentation of medical necessity in the client’s medical record. The requesting provider may be asked for additional information to clarify or complete a request for the mobility aid.

### Seating Assessment Requirements

1. The seating assessment must:
	1. Explain how the client or family will be trained in the use of the equipment
	2. Anticipate changes in the client’s needs and include anticipated modifications or accessory needs, as well as the growth potential of the wheelchair.
	3. Include significant medical information pertinent to the client’s mobility and how the requested equipment will accommodate these needs, including intellectual, postural, physical, sensory (visual and auditory), and physical status
	4. Address trunk and head control, balance, arm and hand function, existence and severity of orthopedic deformities, as well as any recent changes in the client’s physical and/or functional status, and any expected or potential surgeries that will improve or further limit mobility
	5. Include information on the client’s current mobility/seating equipment, how long the client has been in the current equipment and why it no longer meets the client’s needs
	6. Include the client’s height, weight, and a description of where the equipment is to be used
	7. Include seating measurements
	8. Include the accessibility of client’s residence
	9. Include manufacturer’s information, including the description of the specific base, any attached seating system components, and any attached accessories, as well as the manufacturer’s retail pricing information and itemized pricing for manually priced components
	10. Include documentation supporting medical necessity for all accessories
	11. Be documented on the Wheelchair/Scooter/Stroller Seating Assessment Form, which must be signed and dated by the qualified practitioner completing the assessment (PT, OT, or physician), and the QRP who was present and participated in the assessment.
	12. Be submitted with the prior authorization request for the wheeled mobility system. The Form must be completed, signed and dated as outlined above

### Push-Rim Activated Power Assist Wheelchair (PAPAW) System

1. A push-rim activated power assist wheelchair (PAPAW) system may be considered for prior authorization when the following criteria are met. Documentation of the following are needed on the prior authorization form of the Wheelchair/Scooter/Stroller/Seating Assessment Form (CCP/Home Health Services). All sections of the form must be completed, including the wheelchair and power wheelchair section.
	1. The client must have the physical and mental ability to receive and follow instructions related to responsibilities of using equipment. The client must have the capability to:
		1. Understand how the PAPAW system and components function.
		2. Operate and control the PAPAW system safely.
		3. Self-propel a manual wheelchair independently and functionally.
			1. Clients who primarily use one arm to propel and are independently and functionally utilizing a one-arm drive wheel drive may be considered.
	2. The PAPAW must be medically necessary for the client to perform Mobility Related Activities of Daily Living (MRADLs) in a typical day. Medical necessity may include but is not limited to:
		1. Client’s medical needs, such as limitations in upper body strength and endurance, or presence of pain.
		2. Prevention of the client from completing an MRADL within a reasonable time frame in their environment.
		3. Heightened risk of repetitive strain injuries.
	3. The client or caregiver must have the capability to maintain care for the PAPAW system and accompanying components.
	4. A description is required of a trial with the equipment requested during the seating assessment by a therapist, in a variety of environments (or simulations of customary environments) including safety awareness, ability to navigate in the environment, and operate the PAPAW system independently.
		1. The description of a trial is required on the Wheelchair/Scooter/Stroller/Seating Assessment Form (CCP/Home Health Services) for a PAPAW system with a new wheeled mobility system or a major modification.
2. The addition of a PAPAW system as a wheelchair accessory is considered a type of major modification which requires a seating assessment.
	1. Documentation of a new seating assessment demonstrating criteria of medical necessity is required for the PAPAW system.
	2. If a wheeled mobility system has been fitted and delivered to the client’s home by a QRP, a PAPAW system may be considered for prior authorization with submission of a new Wheelchair/Scooter/Stroller/Seating Assessment Form (CCP/Home Health Services) any time within or beyond the first six months after fitting and delivery.
	3. It is not a requirement to list the cost of purchasing new equipment compared to the cost of modifying current equipment for the PAPAW system prior authorization.
3. If a wheeled mobility system has not previously been fitted and delivered to the client’s home by a QRP, initial prior authorization may be considered with submission of the same Wheelchair/Scooter/Stroller/Seating Assessment Form (CCP/Home Health Services) for both a manual wheelchair and PAPAW system.

## Modifications

1. All modifications within the first six months after delivery are considered part of the purchase price, except for the push-rim activated power assist wheelchair (PAPAW) system. A PAPAW system may be considered for prior authorization with a new seating assessment form within the first six months after fitting and delivery.
2. Modifications to custom equipment after the first six months from fitting and delivery may be prior authorized when a change occurs in the client’s needs, capabilities, or physical/mental status that cannot be anticipated.
3. Documentation supporting the medical necessity of the requested modification must include the following:
	1. Description of the change in the client’s condition that requires accommodation by different seating, drive controls, electronics, or other mobility base components
	2. All projected changes in the client’s mobility needs
	3. The date of purchase, the serial number of the current equipment, and the cost of purchasing new equipment as opposed to the cost of modifying current equipment

## Reimbursement/Billing Guidelines

1. Providers are reimbursed for items addressed in this policy either by the lesser of the provider’s billed charges or the published fee determined by HHSC or through manual pricing. If manual pricing is used, the provider must request prior authorization and submit documentation of:
	1. The manufacturer’s suggested retail price (MSRP) or average wholesale price (AWP), whichever is applicable
	2. The provider’s documented invoice cost
2. Manually priced items are reimbursed at:
	1. MSRP less 18 percent or AWP less 10.5 percent, whichever is applicable
	2. The provider’s documented invoice cost

Table B: Procedure Codes

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| --- | --- |
| Procedure Codes | Maximum Limit |
| EO986 | 1 purchase every 5 years  |