

## Medicaid Funding for a Power Wheelchair with iLevel:

State Medicaid programs will consider funding for iLevel if it is evident that this option is medically necessary, such as allowing the recipient to become independent with transfers and/or perform/participate in MRADLs, in the least restrictive environment. In addition, Medicaid programs are not bound by the “in the home” restriction and MUST consider community mobility as well.

While there are several states that have identified power seat elevation as “non-covered”, several that have published coverage criteria and many that do not state a coverage policy all states require that the power wheelchair and all recommended options be submitted for prior approval. Therefore, if the documentation clearly demonstrates the MEDICAL need for this option it will be considered on a case-by-case basis, even in states where it is deemed “non-covered”. This is especially true if it is clearly documented that it would deny the recipient their independence without it.

### Coverage Guidelines

The use of a power seat elevation system will:

- Facilitate independent transfers, particularly uphill transfers, to and from the wheelchair, and
- Augment the client’s reach to facilitate independent performance of MRADLs in the home.

Prior authorization may be approved to promote independence in a client who meets **some** or **all** of the following criteria:

- The client does not have the ability to stand or pivot transfer independently.
- The client requires assistance only with transfers across unequal seat heights, and as a result of having the power seat elevation system, the client will be able to transfer across unequal seat heights unassisted.
- The client has limited reach and range of motion in the shoulder or hand that prohibit independent performance of MRADLs.

As a general rule the submitted documentation should include the following:

- A description of the client’s current level of function without the device.
- Documentation that identifies how power seat elevation will improve the client’s function.
- A list of MRADLs the client will be able to perform with power seat elevation that the client is unable to perform without power adjustable seat height and how it will increase independence.
- The duration of time the client is alone during the day without assistance.
- The client’s goals for use of the power seat elevation system.

**Note:** Power adjustable seat height will not be authorized by any Medicaid program if it is determined that it is for the convenience of a caregiver, even in states with published coverage criteria. In addition, seat elevation is not covered when requested solely to allow the recipient to socialize with peers.

If a wheelchair with a seat elevation feature is approved and purchased for a recipient, the provider may need to obtain documentation from the recipient acknowledging that the seat elevation function could affect future requests for personal care assistance (PCA) or home care services.

**Examples:**

	<b>Medically Necessary</b>	<b>Caregiver Convenience</b>
<p><b>Transfers</b></p> <p>Individual is dependent (requires ANY assistance) to transfer in/out of PWC with a static/fixed seat height, regardless of method.</p>	<p>Individual is independent in transferring <u>to</u> the wheelchair from ____ (i.e., bed) with the seat height at AA” using a ____ (i.e., sliding board) method.</p> <p>Individual is independent in transferring <u>from</u> the wheelchair to ____ (i.e., toilet) with the seat height at BB” using a ____ (i.e., sit -pivot) method.</p>	<p>Individual remains dependent in transfers (requires caregiver assist at any level) even if the seat height adjustment reduces the level of assistance or changes the transfer method.</p>
<p><b>MRADL – Reach</b></p> <p>Shoulder flexion ROM is limited to ____°.</p> <p>Shoulder abduction ROM is limited to ____°.</p> <p>This limits the individual’s vertical / lateral reach to CC” with a static seat height of DD”, which precludes access to his/her ____ (i.e., drawers) for ____ (i.e., dressing).</p>	<p>Individual is able to reach overhead at a height of EE” with the seat elevated to FF” to access the ____ (i.e., refrigerator/freezer) and is able to independently ____ (i.e., retrieve items for meal preparation).</p> <p>Individual is able to reach laterally at a height of GG” with the seat elevated to HH” to access ____ (i.e., light switches) and is able to ____ (i.e., be home alone for # hours/day).</p>	<p>Individual has insufficient strength and/or range of motion to reach, lift or carry items and will use seat elevation to ____ (i.e., see in the mirror) and instruct a caregiver in ____ (i.e., grooming).</p>
<p><b>MRADL – Lift / Carry</b></p> <p>Shoulder strength is X/5</p> <p>Elbow strength is Y/5</p> <p>Wrist strength is Z/5</p> <p>Individual is limited to lifting/carrying a weight of ____ oz./lbs. with the shoulder at ____° sitting in a wheelchair with a static seat height of JJ”</p>	<p>Individual is able to lift a weight of ____ oz./lbs. to/from the ____ (i.e., microwave) at a height of KK” with the seat height at LL” and independently prepare a meal.</p> <p>Individual is able to carry a weight of ____ oz./lbs. to/from the ____ (i.e., stove top) at a height of MM” with the seat elevated to a height of NN” and independently prepare a meal.</p>	

NOTE: This is not an all inclusive list of examples to demonstrate the medical necessity of power adjustable seat height. Each Medicaid recipient should be able to state WHY this technology will be MEDICALLY necessary for them to perform or participate in their activities of daily living.

**ASK - What CAN the recipient do WITH the iLevel technology and what can they NOT do without it?**