

Power Wheelchair Attendant Controls Criteria

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| Iowa Medicaid Program: | Prior Authorization | Effective Date: 11/18/2013 |
| Revision Number: | 1 | Last Review Date: 10/20/2017 |
| Reviewed By: | Medicaid Clinical Advisory Committee | Next Review Date: 10/2018 |
| Approved By: | Medicaid Medical Director | Approved Date: 11/22/2017 |

For Prior Authorization (PA) of Power Wheelchair Attendant Controls, the member must meet criterion #1 with a, b, **OR** c below:

Criteria:

1. Power wheelchair attendant controls can be approved when the member has a power wheelchair and;
 - a. Has a sip' n puff attachment or head array to control the wheelchair; **OR**
 - b. The medical documentation demonstrates the member would be unable to maneuver the wheelchair in tight spaces (provider should document an example of a situation where this would occur); **OR**
 - c. The medical documentation demonstrates that the member becomes fatigued in a short period of time operating the wheelchair under normal operating conditions.

References Used:

Iowa Administrative Code 441 Chapter 78.10(5)i(1)(2)(3)

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Change History:

| Change Date: | Changed By: | Description of Change: | New Version Number: |
|---------------------|--------------------|----------------------------------------------------------|----------------------------|
| 10/9/15 | Medical Director | Formatting changes for clarity and development reference | 1 |
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