Strollers and Wheelchairs for Safety Criteria

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<tr>
<th>Iowa Medicaid Program:</th>
<th>ETP/EPSDT</th>
<th>Effective Date:</th>
<th>9/05/2014</th>
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<tbody>
<tr>
<td>Revision Number:</td>
<td>1</td>
<td>Last Review Date:</td>
<td>8/23/19</td>
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<tr>
<td>Reviewed By:</td>
<td>Medicaid Clinical Advisory Committee</td>
<td>Next Review Date:</td>
<td>7/2020</td>
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<tr>
<td>Approved By:</td>
<td>Medicaid Medical Director</td>
<td>Approved Date:</td>
<td>8/16/2017</td>
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Wheelchair and strollers are primarily mobility devices, but are occasionally needed to assure the safety of an individual who is otherwise ambulatory. This criteria will not apply when a deficit in age-appropriate ambulation exists. In that case, the request should be evaluated based on the mobility needs of the member, using the appropriate mobility-related criteria.

**Criteria:**
Documentation of **ALL** of the following must be submitted. If any of the below do not apply, specific information from the provider indicating the reason the criterion does not apply must be included:

1. The member has an impaired safety awareness.
2. The member has a history of placing self in a situation where safety is compromised or potentially severely compromised or such risk is predictable.
3. Caregivers are unable to mitigate safety risk.
4. Use of a stroller or wheelchair for the sole purpose of safety for recreational activities and family outings such as shopping is not sufficient. The member must require the device for safety in other environments necessary for health and well-being.
   a. Necessary environments include:
       i. Medical or therapy appointments
       ii. Environments necessary for education or work
       iii. Transportation to other necessary environments
       iv. Environments required for the free practice of religion
       v. Other environments when supported by medical documentation
   b. Documentation should support the medical need of the member to be in the potentially dangerous situation requiring use of a stroller or wheelchair for safety.
5. The needs of the member cannot be met by a less costly means, such as:
   a. Avoidance of situations in which the member is prone to safety risks
   b. Behavioral management of unsafe behaviors
   c. Manipulation of the environment to reduce risk
   d. Less costly devices or more efficient use of devices already available. This may include use of seat belts, closing and locking doors, fences and home security systems, motion detectors or GPS-enabled location devices.
   e. Medical management, when appropriately prescribed by a licensed provider
6. Behavioral methods of decreasing risk have not been successful or are not clinically indicated for specified reasons.
7. A plan of use for the stroller or wheelchair is submitted and includes all of the following:
   a. The device (referring to stroller or wheelchair) must be needed in the community setting, but need not be exclusively for community use. (The device cannot be exclusively used in the home, school, or in an institutional setting.)
   b. The member is never to be unattended in the device. It is not a part of a respite or break plan for caregivers, or for purposes of allowing caregiver focus to be more easily shifted from the care of the member.
   c. A maximum hours of daily use, based on anticipated activities and an assessment of the tolerance of the member.
8. The device is to be used for safety only and not for discipline, restraint, or as a substitute for supervision.

   Documentation must be provided from a physical or occupational therapist, or physician/PA/NP verifying that the requested device is appropriate and necessary for the member’s well-being.

**Codes:**
E1236 – Convaid Cruiser (2241/1885) (includes Convaid Scout, Convaid EZ Rider)
E0960 – 5-point harness (165)
E0978 – Pelvic Positioning belt
E0960 – Chest harness
E1228 – Back Frame modification
E1037 Transport Chair, pediatric size (includes Convaid Metro)

**References Used:**
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:**

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<th>Description of Change:</th>
<th>New Version Number:</th>
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<tr>
<td>7/17/15</td>
<td>CAC</td>
<td>Added paragraph in References Used.</td>
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C. David Smith, MD