

## 01-15A Criteria Checklist

# Alabama Medicaid Agency

## Custom/Power Wheelchairs or Power Operated Vehicles for Children

Children under 21 years of age and EPSDT eligible

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### **PREREQUISITE CRITERIA** *The following items **must** be met/included:*

- Patient must be Medicaid and EPSDT eligible.
- Patient must have an ACHN Referral
- Prescription order written by physician.
- However, physician, PT or OT approval/signature is needed for repairs. A repair technician can also sign the justification for medical necessity of the repairs but physician, PT or OT approval/signature must also be present on this document or on a separate document of medical necessity.
- Patient must be essentially chair confined or bed/chair confined and the wheelchair is expected to increase mobility and independence.
- Documentation\* needs to include patient's weight, width and depth.
- Documentation must include three Manufacturer's Suggested Retail Prices (MSRPs).
- Itemized list of items requested complete with pricing of each item.
- If power chair request, provider must submit documentation of RTS, CRTS or ATP status.
- Completed Form 384 (Motorized/Power Wheelchair Assessment) submitted with Form 342 (Prior Authorization Form).
  - Providers are required to complete Form 384 (Motorized/Power Wheelchair Assessment) and attach it to the Alabama Prior Authorization Form 342. This form must be completed (i.e. written or typed) by an Alabama licensed physical therapist or occupational therapist employed by an enrolled hospital through the hospital outpatient department. *(For clarification: The use of a scribe is highly discouraged unless needed in extenuating circumstances such as physical limitation by evaluating therapist. If scribe is used, attestation statement along with reason for use of scribe should be provided).*

### **DIAGNOSIS CODES**

Please refer to Chapter 14 of the Provider Manual for the ICD-10 crosswalk codes.

### **PROCEDURE CODES**

Use codes for custom/power wheelchair and accessories listed on DME Fee schedule. If no code listed, use K0108.

Maximum yearly limits apply to each of the procedure codes indicated above. Request for replacement of wheelchairs will be limited to once every five years based on a review of submitted documentation\* requested for patients aged 0-20 years old.

\*Documentation may include notes from the patient chart.