

Philadelphia Coordinated Health Care

# **The Wheelchair Guide**



*Updated 2012*

For further technical assistance,  
contact PCHC at (215) 546-0300 extension 3685

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# **The Wheelchair Guide**

## **Introduction**

The process to obtain an appropriate wheelchair for someone is both confusing and time-consuming. This guide will explain the necessary steps to ensure a suitable fit. It will also provide tips regarding maintenance, repairs, and recommendations for keeping proper documentation for a wheelchair.

It is intended to assist people, families, advocates, residential supports staff, agency nurses, and supports coordinators to obtain safe and appropriate wheelchairs for people with intellectual and developmental disabilities.

### **This guide will:**

- Review specific processes to obtain a new wheelchair
- Display comparison between using a wheelchair clinic vs. not using one
- Offer an overview of insurance and coordination
- Explain a basic maintenance and repair issues
- Explain proper positioning
- Provide documentation tips

# Wheelchair Evaluation

The wheelchair evaluation guarantees that the wheelchair and seating system will meet the needs of the person, including personal preferences, and work well within his/her environment.

## How do you know when someone NEEDS to have a wheelchair evaluation?

- Change in a person's health status (for example, increased contractures, pressure sores, curvature of spine)
- Current wheelchair is damaged and is unable to be repaired
- Person looks uncomfortable or looks as though he/she does not fit in the wheelchair (i.e. weight gain or loss)

## How do you get a wheelchair evaluation?

You need referrals from the Primary Care Practitioner (PCP), including one for initial appointment, (MAKE sure it states “wheelchair evaluation”, not just “wheelchair”), and one for the fitting of the new wheelchair, depending upon the insurance coverage (i.e. Medical Assistance).

## Choosing a wheelchair clinic

- Clinic's participation with the person's insurance carrier
- Reasonable time frame
- Affiliations with Durable Medical Equipment (DME) providers
- Affiliations with healthcare providers: physical therapist (PT), occupational therapist (OT), physiatrist
- Accommodates special needs
- Accessible to transportation

## Choosing a DME Provider

- Provider's participation with the person's insurance carrier
- Established relationship with the chosen provider
- Loaner chair when needed
- Home visits for repairs and adaptations
- Assist with authorization process
- Reasonable timeframe
- Quality rehabilitation technology

\*For information on DME providers qualified to provide rehabilitation technology, visit the National Registry of Rehabilitation Technology Suppliers at [www.nrrts.org](http://www.nrrts.org)

**Note: It is HIGHLY recommended that delivery be coordinated with the clinic where the evaluation took place!**

# Key Factors

## Time Frame

- ① Schedule an appointment with the clinic
- ① Confirm information needed for initial evaluation
- ① Remember to bring the following item(s):
  - Insurance information/cards
  - Referrals
  - Medical history
  - Past wheelchair information
  - Certificate of medical necessity
- ① Confirm logistics
  - Time of appointment
  - Location of clinic
  - Directions
  - Parking facility
  - Accessibility

**If applicable, request your preferred DME provider be at the evaluation**

## Point Person

- Arrange Transportation and staffing
- Arrange for completion of wheelchair evaluation
- Follow up with the DME provider as needed
- Schedule and attend appointment for delivery and proper fitting at a clinic

## Delivery and Acceptance

- Ensure that staff is present
- Ensure that the wheelchair is appropriately suited for the person
- Ask DME provider representative to train the person, family and support staff, on the use of the wheelchair including removal of seating system and components, hardware, folding, etc.
- Verify process of arranging maintenance and repairs
- Obtain owner's manual, receipt, and serial number
- Obtain business cards for DME provider
- Place documentation for wheelchair in person's chart

**Caution:** *NEVER allow a wheelchair to be “dropped off” without the person present! DO NOT accept the wheelchair if it does not fit properly!*

# Maintenance and Repair

All new wheelchairs are covered under some type of standard warranty to allow for manufacturer defects. Beyond the warranty, plans need to be made to provide for routine maintenance and repairs.

## Things to Remember

- Identify the problem(s)
- Report problem(s) in a timely manner
- Schedule repair
- Create a maintenance and safety schedule

Aside from maintenance provided by the DME provider, routine cleaning should be done in order to extend the “life” of the chair. The wheelchair should also be checked frequently for any damaged areas, missing parts, loose or exposed bolts, etc.

**“TAKE CARE OF YOUR  
WHEELCHAIR, AND IT WILL  
TAKE CARE OF YOU!”**



Glenn Miller  
Interphase Medical Equipment

## Here’s a monthly checklist to be used by caregivers:

- √ Upholstery clean and in good condition
- √ Foot rests on wheelchair and in working condition
- √ Arm rests on wheelchair and in working condition
- √ Head rest on wheelchair and in working condition
- √ Seat cushion in good condition
- √ Seat back in good condition
- √ Wheel locks (brakes) present and functioning
- √ Pelvic positioner securely attached to wheelchair and in good condition
- √ Tires are properly inflated and in working condition
- √ Anti-tippers present and attached
- √ Tray present and attachable

*(refer to form on next page)*

# Monthly Wheelchair Checklist



Date: \_\_\_\_\_

Person (Wheelchair Owner): \_\_\_\_\_

Name of Person Completing Checklist: \_\_\_\_\_

- Upholstery clean and in good condition (no cracks, tears, holes)
- Foot rests on wheelchair and in working condition
- Arm rests on wheelchair and in working condition
- Head rest on wheelchair and in working condition
- Seat cushion in good condition (no cracks, tears, holes) and placed properly
- Seat back in good condition (no cracks, tears, holes) and placed properly
- Wheel locks (brakes) present and functioning
- Pelvic positioner securely attached to wheelchair and in good condition (not tearing, shredding)
- Tires present and attached
- Anti-tippers attached
- Tray present (if applicable)

**Explain all items not checked:**

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**Any visible damaged areas, missing parts, loose or exposed bolts, etc? Explain.**

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**Issues Reported To:**

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# Obtaining a Wheelchair

## WITH a Wheelchair Clinic

*You may need referrals from the Primary Care Physician (PCP) for initial appointment and fittings.*

*Make sure it states: “WHEELCHAIR EVALUATION” not just “wheelchair”*

**Choose a clinic: Find a list of clinics through the person’s insurance carrier  
Remember to call the Special Needs Unit!**

### **What to Expect:**

- ◆ **Evaluations by**
  - **Physical Therapist**
  - **Occupational Therapist**
  - **Physiatrist (measurements to determine seating and positioning needs)**
  
- ◆ **Discussion of**
  - **Past wheelchair history**
  - **Medical health status and possible risk factors**
  - **Environments, include home assessment if needed\***
  - **Transportation**
  - **Anticipated timeframes (processing, ordering, and delivery of wheelchair)**
  
- ◆ **Try-outs (actual wheelchairs and accessories)**
  
- ◆ **Identify those responsible and timelines for paperwork completion**

**\*Be sure to discuss if the wheelchair is suitable for the home and was a home assessment performed.**

**The person *MUST* attend the evaluation and if the person already has a wheelchair, remember to bring it to the evaluation with all of its parts.**

# Obtaining a Wheelchair

## WITHOUT a Wheelchair Clinic

***A “REHAB TEAM” NEEDS TO BE CREATED!***

***A rehab team needs to facilitate the evaluation, insurance authorization, ordering, and delivery of the wheelchair.***

### **Rehab Team - Assembled by person’s Single Point of Contact (SPOC)**

- ◆ Person
- ◆ Physical Therapist
- ◆ Physician
- ◆ Residential & Vocational Direct Care Staff
- ◆ Vendor
- ◆ Agency Nurse
- ◆ Support Coordinator and Agency Staff

### **What To Do:**

- ◆ Choose a Durable Medical Equipment provider
- ◆ Arrange for Physical Therapy & Occupational Therapy
- ◆ Facilitate the completion of the Letter of Medical Necessity
- ◆ Contact the DME provider to:
  - Forward paperwork
  - Verify timeframe and arrange delivery

**Single Point of Contact (SPOC) - Someone identified from the person’s support team who acts as a primary communicator re: health issues (i.e. family member, advocate, supports coordinator, agency personnel)**

**The DME provider and agency nurse should be present at the time of the evaluation in order to provide technical and clinical perspectives.**

# Wheelchair Information and Documentation

A wheelchair may last many years, but DME providers and insurance companies may change many times during the life of the wheelchair. Whenever a repair or maintenance is needed for the wheelchair, you will need to have the basic information about the wheelchair in order to arrange for services and insurance coverage of those services.

Also, if for some reason, the wheelchair needs to be replaced, it is critical to have the following documentation available:

- Who supplied the wheelchair
- When it was supplied
- How it was funded (insurance, private pay)
- Repairs or adaptations completed on the wheelchair

Maintaining complete documentation regarding your wheelchair will simplify the process for getting needed repairs or adaptations to the wheelchair or in obtaining a new wheelchair in the future. The DME provider's information should be displayed on the wheelchair. The manufacturer's information will also be present on the wheelchair.

*(Use forms on pages 5 and 12 [Monthly Wheelchair Checklist] and [Wheelchair Log] to help keep track of important wheelchair documentation.)*



# “Ideal” Positioning

- Head upright, midline, slightly forward
- Pelvis in proper position
- Trunk upright, long symmetrical
- Shoulders slightly forward
- Legs, feet, and ankles supported at 90 degree angle

**Note:** each situation is unique and should be followed-up with the appropriate medical professional.

# Wheelchair Safety and Support

- Avoid using a sling back or seat
- Always use a solid seat back or seat
- Make sure the seat is not too wide, too narrow, too deep, or too short
- ALWAYS use foot rests
- Use trays as needed
- ALWAYS consider options to provide head, trunk, and pelvic support
- Be sure that the person is positioned properly
- Never make any type of modifications to the wheelchair without the advice of your DME provider
- Insure that the seat belt fits snug across the lap



# Payment for Wheelchairs



## Insurance coverage

There are many types of insurance coverage, ranging from Private Insurance, Medicare, Medicare Choice Programs, and Medical Assistance managed care organizations. It is important to know the general rules and how they are coordinated to pay for wheelchairs.

Private insurance is the primary “1st” payer. Private insurance coverage varies and should be confirmed by contacting the insurance company directly. **(If applicable)**.

Medicare is the secondary “2nd” payer. Medicare coverage is limited to those items which are medically required. Medicare also allows for “unassigned billing” through which the person pays for the wheelchair upfront and receives reimbursement directly from Medicare once the claim is processed. **(If applicable)**

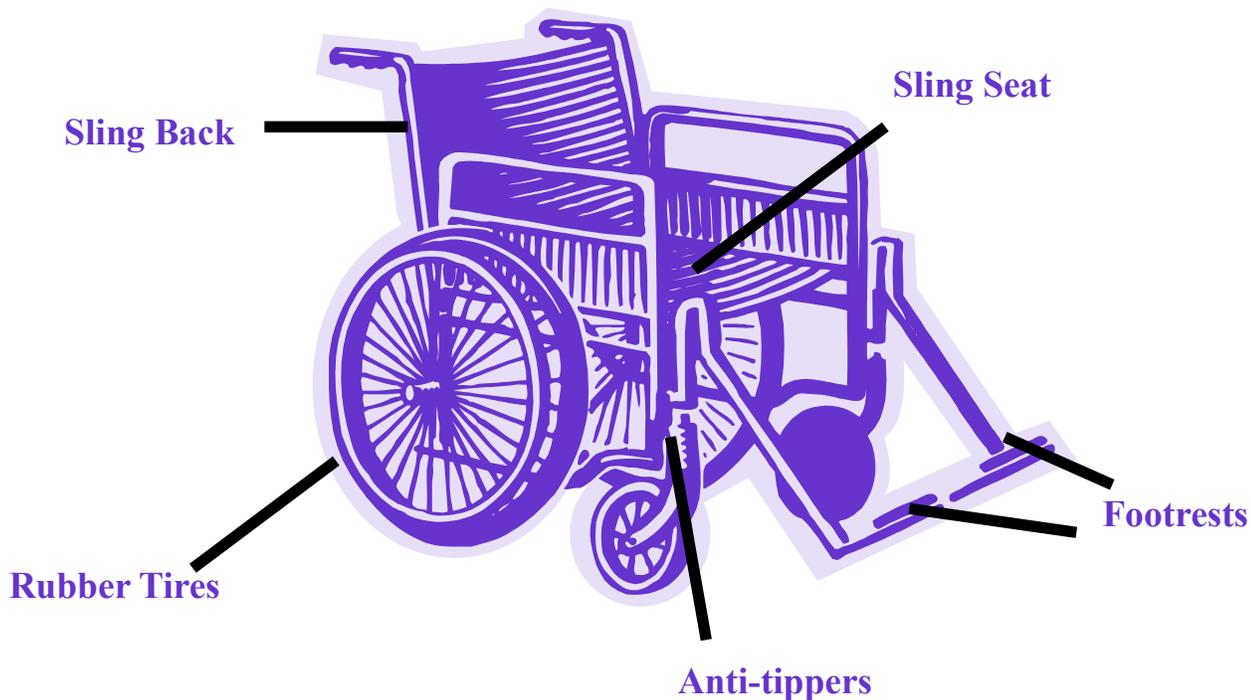
Medicaid/Medical Assistance/Access is the tertiary “3rd” payer or the “payer of the last resort.” Medicaid provides for wheelchairs through the same criteria as Medicare and will also consider custom features through medical necessity review. **(If applicable)**

Medicare and Medical Assistance will generally pay for a new wheelchair every 5 years or more frequently if the wheelchair is unable to be modified or repaired. For children (under 18 years of age), Medical Assistance will consider coverage of a new wheelchair every 3 years due to expectation of growth.

**Note: The DME provider cannot bill to Medicare until the wheelchair has been provided. It is important to understand your insurance to determine the primary and secondary payers.**

# Types of wheelchairs

A **standard** wheelchair includes all of the following:



In a majority of cases, people need more than just a “standard” wheelchair. There are many variations of manual wheelchairs to allow for customization to meet the person’s needs.

A **tilt in space manual** wheelchair may be beneficial for someone who needs to be repositioned frequently but is unable to adjust his/her own position independently. It needs to be light weight and lower height to allow for the person to self propel (if able).

Standard or custom **power** wheelchairs are exclusively for people who are unable to use a manual wheelchair.

Customization for manual/power wheelchairs include: width and depth of seat, arms, backs, seat cushions, footplates, foot rests, chest supports, and positioning supports.

**Custom items need to be medically justified based on the person’s support needs. However, this determination needs to be made by a trained medical professional.**

## WHEELCHAIR LOG

### INDIVIDUAL INFORMATION

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

INSURANCE INFORMATION:

PRIVATE: \_\_\_\_\_ ID#: \_\_\_\_\_ GROUP#: \_\_\_\_\_

MEDICARE#: \_\_\_\_\_

MEDICAL ASSISTANCE INFORMATION: \_\_\_\_\_ RECIPIENT#: \_\_\_\_\_

HEALTH CHOICES MCO: \_\_\_\_\_ MCO ID: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

### HEALTH CARE PROVIDER INFORMATION

ORDERING PHYSICIAN: \_\_\_\_\_ PHONE#: \_\_\_\_\_

OTHER PERTINENT HEALTH CARE PROVIDERS (I.E. PHYSIATRIST, ORTHOPEDIST, PHYSICAL THERAPIST, OCCUPATIONAL THERAPIST):

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

SPECIALTY: \_\_\_\_\_ SPECIALTY: \_\_\_\_\_

PHONE #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

### CURRENT WHEELCHAIR INFORMATION

TYPE OF WHEELCHAIR (STANDARD, LIGHTWEIGHT, TILT-N-SPACE, POWER, ETC.): \_\_\_\_\_

MANUFACTURER: \_\_\_\_\_ MODEL: \_\_\_\_\_ SERIAL #: \_\_\_\_\_

IS THE WHEELCHAIR RENTED  **OR** PURCHASED  DATE PURCHASED: \_\_\_\_\_

FUNDING SOURCE: PRIVATE PAY  MEDICARE  MEDICAL ASSISTANCE (FEE FOR SERVICE/ACCESS)

MEDICAL ASSISTANCE (HEALTH CHOICES MCO): \_\_\_\_\_

\*\*\*\* IF A RENTAL, ARE THERE ANY ITEMS ON THE WHEELCHAIR THAT ARE PURCHASED (FOR EXAMPLE, SEAT CUSHION, BACK CUSHION, ETC.)? IF YES,

LIST ITEMS: \_\_\_\_\_

WHERE WHEELCHAIR EVALUATION OCCURRED? \_\_\_\_\_

DURABLE MEDICAL EQUIPMENT (DME) PROVIDER INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

### ADAPTATIONS AND REPAIRS

WHAT WAS DONE?	WHEN COMPLETED?	WHO COMPLETED WORK?

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## **PCHC Mission Statement**

Philadelphia Coordinated Health Care's mission is to enhance access to community physical and mental health care through education, public health outreach, advocacy and empowerment as well as to improve health care outcomes for individuals with intellectual and developmental disabilities (I/DD).

## **Guiding Principle**

It is more important than ever, in the current health care environment, that we focus on integrated health care so that people with I/DD achieve wellness.



**A Core Program of**



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