

KMAP GENERAL BULLETIN 24254

Comprehensive Guidance for Specialized Wheelchair Seating Assessments

Effective with dates of service on and after January 1, 2025, the following guidance is applicable to specialized Wheelchair Seating Assessments (WSAs).

- Specialized WSAs will not be limited to the previously identified specialized wheelchair seating clinics.
- Providers will no longer be required to be a designated specialized wheelchair seating center or have a formal interdisciplinary team.
- Specialized WSAs may also take place in the home or other natural member environment.
- Members must be offered a choice of Durable Medical Equipment (DME) provider.

Complex Rehabilitation Technology (CRT) includes medically necessary and individually configured manual and power wheelchairs, seating and positioning systems, and other adaptive equipment. This specialized equipment requires evaluation, configuration, fitting, adjustment, or programming to meet the individual's medical needs and maximize function and independence. These products are designed to meet the specific and unique medical and functional needs of an individual with a primary diagnosis resulting from a congenital disorder, progressive or degenerative neuromuscular disease, or from injury or trauma.

Specialized WSAs are considered medically necessary for members who meet the following criteria:

1. Are unable to sit safely on a conventional seating surface or standard wheelchair.
2. Require specialized positioning to safely perform essential activities of daily living without an assistive device.
3. Exhibit one or more of the following functional limitations:
 - a. Significant head and trunk instability and /or weakness.
 - b. Significant hypotonicity, hypertonicity, athetosis (writhing movements), ataxia (loss of muscle control/coordination), spasticity or muscle spasming which results in uncontrollable movements and position change.
 - c. Absence or latency of protective reactions.
 - d. Inability to maintain an unsupported sitting position independently.

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The evaluation may be completed in a natural environment such as, home or treating outpatient clinic.

WSAs must be done in collaboration with the following providers:

Category A:

Physician, Doctor of Osteopathy, Physician Assistant, Nurse Practitioner, Advance Practice Registered Nurse (Initiates the order and supplies documentation; not required to be at the clinic appointment).

- 09/094 Nurse Practitioner
- 10/100 Physician Assistant
- 31/000 Physician

Category B:

A specialty WSA must be performed by a licensed or certified medical professional (such as a Physical Therapy (PT), Occupational Therapy (OT) or physician) within their scope of practice, who has no financial relationship with the DME provider and has specific training or experience in CRT wheelchairs or CRT wheelchair seating evaluations.

- 01/010 Hospital, Acute Care
- 01/012 Hospital, Rehabilitation
- 17/170 Physical Therapist
- 17/171 Occupational Therapist

Category C:

Assistive Technology Professional (ATP), employed by a DME and must have certification from Rehabilitation Engineering and Assistive Technology Society of North America (RESNA). The ATP must meet the supplier and quality standards established for DME suppliers and must be present during member evaluation to:

- Assist in selecting the appropriate CRT items for such needs and capacities.
- Provide the member technology- related training in the proper use and maintenance of the selected CRT items.
- Be directly involved with the assessment, and determination of the appropriate individually configured complex rehabilitation technology for the member, with such involvement to include seeing the member in person within a reasonable time frame during the determination process. This service will not be allowed via telemedicine.

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Note: The DME supplier must maintain a reasonable supply of parts, adequate physical facilities, and qualified services or repair technicians to provide members with prompt service and repair of all CRT it sells or supplies. Must provide the member written information at the time of sale as to how to access services and repairs.

Specialized WSAs/evaluations and DME must have a physician order and a letter of medical necessity. The physician must have a face-to-face encounter with the member in accordance with 42 CFR 440.70 (f) (2). The physician must sign off on the completed evaluation.

Members that have previously received a specialized WSA will not require a re-evaluation to receive wheelchair repairs or updates unless deemed medically necessary.

Note: Members who do not have functional limitations as noted above and are not dependent on CRT devices will not require specialized WSAs to obtain a standard wheelchair for ambulation.

Wheelchair seating assessment services will be billed with codes **97542** and **97755** and are payable only to the therapist (Provider Type/Provider Specialty (PT/PS) 17/170 or 17/171) or the hospital billing on behalf of the therapist (PT/PS 01/010 or 01/012). Reimbursement will not exceed \$500 per member per year for seating assessments.

PT and OT evaluations and re-evaluations are a covered service, this policy will allow members to receive periodic PT and OT evaluations as reasonable and necessary for purchase of a new wheelchair and/or adjustments to their current wheelchair.

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Documentation Requirements:

- Letter of medical necessity completed by the ordering physician or other qualified practitioner.
- Evaluation documentation completed by a qualified therapist.
- DME recommendation completed by a RESNA certified ATP.

A specialty WSA is an assessment performed by a licensed/certified medical professional (such as a PT, OT, or physician) who has no financial relationship with the DME supplier and who has specific training and experience in complex rehab technology wheelchair evaluations. The WSA includes the physical and functional evaluation, treatment plan, goal setting, preliminary device feature determination, trials/simulations, fittings, function related training, determination of outcomes, and related follow-up. This evaluation is performed in conjunction with an equipment supplier who is a RESNA certified ATP, and who assists with the home environment accessibility, system configuration, fitting, adjustments, programming, and product related follow-up.

The specialized WSA must include the following:

1. Diagnosis
2. Reason for referral
3. Medical history
4. Current wheelchair and seating system
5. Concerns/problem list
6. Description of orthopedic, neurologic, positioning needs
7. Functional capabilities of the member
8. Data including range of motion, muscle testing, strength, weight, body measurements, etc.
9. Goals and objectives related to the wheelchair and seating system.
10. List of specific wheelchair frames, parts, cushions, backs, accessories and components and medical/functional reasoning for each.

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Specialty evaluation is required for:

Children and adults with functional limitations as noted above will require specialized WSA.

- A new CRT wheelchair or a replacement CRT wheelchair is limited to 1 per 5 years. Wheelchair replacement may occur sooner with medical necessity documentation. Kan Be Healthy – Early Periodic Screening, Diagnostic, and Treatment (KBH-EPSDT) participants are exempt from this limitation.
- A new custom contoured seating system or modification.
- Modification to a seating system
- An addition of power seating or alternative drive control to a wheelchair.

Prior authorization will not be required for specialized WSAs. Upon post pay review, claims submitted that do not meet criteria will be subject to recoupment.

Note: The effective date of the policy is January 1, 2025. The implementation of State policy by the KanCare Managed Care Organizations (MCOs) may vary from the date noted in the Kansas Medical Assistance Program (KMAP) bulletins. The **KanCare Open Claims Resolution Log** on the KMAP [Bulletins](#) page documents the MCO system status for policy implementation and any associated reprocessing completion dates once the policy is implemented.

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