



Policy: GG.1531  
Title: **Criteria and Authorization Process for Wheelchair Rental, Purchase, and Repair**  
Department: Medical Management  
Section: Utilization Management

CEO Approval: /s/ Michael Hunn 06/05/2024

Effective Date: 01/01/2009

Revised Date: 06/01/2024

Applicable to: ☒ Medi-Cal  
☒ OneCare  
☐ PACE  
☐ Administrative

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## I. PURPOSE

This policy defines the criteria and process for coverage of a Wheelchair, Seating and Positioning Components (SPC), and accessories for a Member.

## II. POLICY

- A. CalOptima Health or a Health Network shall provide a Wheelchair, Seating and Positioning Components (SPCs), and accessories for a Member when Medically Necessary.
- B. CalOptima Health or a Health Network shall define Medically Necessary as reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain. Therefore, a Wheelchair, SPCs, and accessories prescribed for a Member may be a Covered Service and Medically Necessary when it is used in or out of a Member's home to:
1. Preserve bodily functions essential to Activities of Daily Living (ADL), Instrumental Activities of Daily Living (IADL), or to prevent significant physical disability; or
  2. Improve the medical status or functional ability of a Member, when a Member is not ambulatory or functionally ambulatory without static supports such as a cane, crutches, or walker, through the stabilization of the Member's condition, or the prevention of additional deterioration of the Member's medical status, or functional ability.
- C. The following items are not Covered Services:
1. Modification of automobiles or other highway motor vehicles, with the exception of Automobile Orthopedic Positioning Devices (AOPDs) for eligible CalOptima Health Medi-Cal Members in accordance with CalOptima Health Policy GG.1515: Criteria for Medically Necessary Automobile Orthopedic Positioning Devices;
  2. Orthopedic recliners, rockers, seat lift chairs, or other furniture items;
  3. Household items; and

4. Other items not generally used primarily for health care, and which are regularly and primarily used by an individual who does not have a specific medical need for such an item.
- D. CalOptima Health or a Health Network shall determine a Member's eligibility for a Wheelchair, SPCs, and accessories upon receipt of a written prescription for a Wheelchair, SPCs, and accessories by a Member's licensed Practitioner, within the Practitioner's scope of practice, as established by California law.
- E. CalOptima Health or a Health Network shall provide one (1) of the following Wheelchairs, SPCs, and accessories to a Member:
1. Standard manual Wheelchair;
  2. Custom manual or powered Wheelchair;
  3. Custom lightweight manual, or powered, Wheelchair;
  4. Electric-powered Wheelchair;
  5. Power-assisted vehicle (POV) Wheelchair;
  6. Push rim activated device;
  7. Power Mobility Devices (PMD);
  8. Therapeutic seat cushions;
  9. SPCs; or
  10. Other related Wheelchair accessories.
- F. CalOptima Health and a Health Network shall authorize a Wheelchair, SPCs, and accessories for a Member, in accordance with CalOptima Health Policy GG.1508: Authorization and Processing of Referrals. The following provisions shall also apply:
1. A licensed Practitioner shall obtain Prior Authorization for the following Covered Services:
    - a. Rental of a Wheelchair, SPCs, and accessories;
    - b. Purchase of a Wheelchair, SPCs, and accessories; or
    - c. Repair or maintenance of a Wheelchair, SPCs, and accessories exceeding a total cost of two hundred fifty dollars (\$250).
  2. A licensed Practitioner shall utilize Department of Health Care Services (DHCS) clinical guidelines, as provided in DHCS All Plan Letter (APL) 15-018: Criteria for Coverage of Wheelchairs and Applicable Seating and Positioning Components, to determine the appropriate device to meet the medical needs of a CalOptima Health Member.
  3. A licensed Practitioner shall obtain Prior Authorization for the evaluation of a Custom Wheelchair prior to the purchase of a Custom Wheelchair and accessories.

4. A licensed Practitioner shall request Prior Authorization for a CalOptima Health Direct Member, in accordance with this Policy and CalOptima Health Policy GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers. A licensed Practitioner shall request Prior Authorization for a Health Network Member, in accordance with this policy and the Health Network's Prior Authorization procedures.
5. CalOptima Health or a Health Network shall refer a Member to a contracted Wheelchair Evaluation Services Provider (ESP) for evaluation prior to authorizing a Custom Wheelchair, SPCs, and accessories for the Member. In-home evaluation shall be the primary evaluation method for a Custom Wheelchair, SPCs, and accessories. Use of a contracted Seating Clinic is appropriate in cases where an in-home evaluation may be impractical, or if the Member does not wish to have an evaluation conducted in his or her home.
6. If Medicare or Other Health Coverage (OHC) is the primary payer for the Wheelchair, SPCs, and accessories, the Practitioner and Provider are subject to Prior Authorization, as set forth in this Policy and CalOptima Health Policies FF.2003: Coordination of Benefits, and MA.3103: Claims Coordination of Benefits.
7. CalOptima Health or a Health Network shall authorize one (1) Wheelchair per Member. If, at a later time, a Member requires a subsequent Wheelchair, SPCs, and accessories, CalOptima Health or a Health Network, may authorize a subsequent Wheelchair, SPCs, and accessories, in accordance with the provisions of this policy.
8. CalOptima Health or a Health Network may authorize the following Wheelchair, SPCs, and accessories for a Member who is an inpatient in a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF):
  - a. A Wheelchair, SPCs, and accessories are necessary for the continuous care and unusual medical needs of a Member. A Member may be considered to have unusual medical needs if a disease or medical condition is exacerbated by physical characteristics such as height, weight, and build. Physical characteristics shall not constitute an unusual medical condition.
  - b. A Wheelchair accessory that is custom made or modified to meet the unusual medical needs of a Member and the need is expected to be permanent.
9. CalOptima Health or a Health Network shall limit authorization for a Wheelchair, SPCs, and accessories to the lowest cost item that meets a Member's medical needs.
10. CalOptima Health or a Health Network shall not deny an authorization for a Wheelchair or SPCs for a Medi-Cal or OneCare Member on the grounds it is for use outside of the home when determined to be Medically Necessary for the Member's medical condition.
11. CalOptima Health or a Health Network shall not grant an authorization for a Wheelchair, SPCs, and accessories if a household, or furniture, item shall adequately serve the Member's medical needs.
12. CalOptima Health or a Health Network shall not authorize a Wheelchair, SPCs, and accessories for a Member if the Member is in possession of a Wheelchair that already meets the Member's ADL or IADL. If the Member's medical, or functional, needs have changed, the Member's Practitioner may submit a functional assessment containing medical justification for the Member's need for a new, adjusted, or modified Wheelchair.

13. CalOptima Health or a Health Network shall not authorize a Wheelchair, SPCs, and accessories for a Member if the Wheelchair, SPCs, and accessories are not Medically Necessary and needed solely for a social, educational, or vocational purpose. CalOptima Health shall refer the Member to the California State Department of Rehabilitation for Wheelchair, SPCs, and accessories requests based on vocational needs.
  14. CalOptima Health or a Health Network shall not authorize a Wheelchair, SPCs, and accessories when:
    - a. Not Medically Necessary;
    - b. Not used by the Member;
    - c. Used as a convenience item;
    - d. Used to replace private, or public, transportation such as an automobile, bus, or taxi;
    - e. Not used primarily for health care, and not regularly and primarily used by a Member who has a specific medical need;
    - f. For PMDs, the underlying condition is reversible, and the length of need is less than three (3) months, such as following lower extremity surgery that limits ambulation;
    - g. Used in a Facility that is expected to provide such items to a Member, except as specified in Section II.F.8. of this Policy; or
    - h. Not prescribed by a licensed Practitioner, or for Custom Wheelchairs, a licensed Practitioner and an ESP.
  15. CalOptima Health or a Health Network shall consider a Wheelchair, SPCs, and accessories to be purchased when previously paid rental charges equal the maximum allowable purchase price of the rented Wheelchair and accessories. CalOptima Health shall provide no further reimbursement for the use of such Wheelchair, SPCs, and accessories, unless payment is for the subsequent repair and maintenance of the Wheelchair, SPCs, and accessories as authorized by CalOptima Health, or the Health Network. The cost per repair shall not exceed the replacement value of the item being repaired.
  16. CalOptima Health or a Health Network may audit Wheelchair authorization requests, as necessary, for appropriateness and accuracy.
- G. A Member is responsible for the appropriate use and care of a Wheelchair, SPCs, and accessories rented or purchased for the Member's benefit.
- H. Upon authorization to provide a Wheelchair, SPCs, and accessories for a Member, a Wheelchair Provider shall:
1. Provide a Wheelchair, SPCs, and accessories, in accordance with statutory, regulatory, contractual, CalOptima Health and Health Network policy, and other requirements related to the CalOptima Health program;
  2. Ensure that the Wheelchair, SPCs, and accessories provided to a Member are appropriate for the Member's medical and functional needs. When necessary, the Wheelchair Provider shall adjust

or modify the Wheelchair, SPCs, and accessories during the post-fitting period if the Wheelchair does not:

- a. Meet the Member's medical needs and the Member's medical condition has not changed since the date the Wheelchair was originally provided; or
  - b. Meet the Member's functional needs when in actual use.
3. Replace any Wheelchair, SPCs and accessories that cannot be adjusted or modified during the post-fitting period of the Wheelchair at no cost to CalOptima Health or a Health Network.

### **III. PROCEDURE**

#### **A. Standard Wheelchair**

1. A Member's Practitioner shall identify a Member who has a Medical Necessity for a Standard Wheelchair rental or purchase and shall submit a complete authorization request with a written prescription to CalOptima Health's Utilization Management (UM) Department or the Health Network. Authorization request documentation shall include:
  - a. Member's name, date of birth, phone number, address, and identification (ID) number;
  - b. Full name, address, telephone number, and signature of the prescribing Practitioner;
  - c. Date of request;
  - d. For Medi-Cal and OneCare Members, supporting documentation that the Member meets the Medical Necessity criteria for a Standard Wheelchair in accordance with DHCS guidelines; and
  - e. Specific item(s) requested, including Healthcare Common Procedure Coding System (HCPCS) codes.
2. CalOptima Health or a Health Network shall approve, modify, or deny an authorization for a Standard Wheelchair, in accordance with CalOptima Health Policy GG.1508: Authorization and Processing of Referrals.

#### **B. Manual or Powered Custom Wheelchair:**

1. A Member's Practitioner shall identify a Member who has a Medical Necessity for a Custom Wheelchair purchase and shall submit a complete authorization request to CalOptima Health's UM Department or the Health Network.
  - a. For a CalOptima Health Direct Member the authorization request shall consist of the Customized Wheelchair Evaluation Request (CWER) Form and Clinical Questionnaire. Authorization request documentation shall include:
    - i. Member's name, date of birth, phone number, address, and identification (ID) number;
    - ii. Full name, address, telephone number, and signature of the prescribing licensed Practitioner;
    - iii. Date of request;

- iv. Specific items requested;
  - v. Supporting documentation that the Member meets the Medical Necessity criteria for a manual or powered Custom Wheelchair, in accordance with DHCS guidelines; and
  - vi. Member's medical condition or diagnosis necessitating the Custom Wheelchair, including:
    - a) Member's medical status and functional limitations; and
    - b) Description of how the requested Custom Wheelchair is expected to improve the medical status or functional ability of the Member, stabilize the Member's medical condition, or prevent additional deterioration of the Member's medical status or functional ability.
- b. For a Health Network Member, a Practitioner shall submit authorization request documentation in accordance with the Health Network's authorization procedures.
  2. CalOptima Health's UM Department or the Health Network shall review the authorization request documentation submitted by a Member's Practitioner and, if incomplete, shall require the Practitioner to provide additional information.
  3. CalOptima Health or a Health Network shall approve, modify, or deny an authorization for a Custom Wheelchair, in accordance with CalOptima Health Policy GG.1508: Authorization and Processing of Referrals.
  4. If CalOptima Health or the Health Network approves the request for a customized Wheelchair evaluation, CalOptima Health or the Health Network shall contact a contracted ESP to arrange an assessment in the Member's residence, or at a Seating Clinic.
  5. ESP staff shall submit a Letter of Recommendation (LOR) to CalOptima Health or the Health Network following its initial assessment. The LOR shall contain determination of Medical Necessity based on the standards set forth in Section II.B. of this Policy, and the Member's unique medical needs and living environment.
  6. CalOptima Health or the Health Network shall review the LOR and the licensed Practitioner's original Wheelchair request. If the recommendation on the LOR varies from the Practitioner's original request, CalOptima Health or the Health Network shall notify the Member and Member's Practitioner of such determination according to CalOptima Health Policy GG.1508: Authorization and Processing of Referrals.
  7. If CalOptima Health or the Health Network approves a customized Wheelchair:
    - a. For a CalOptima Health Direct Member, CalOptima Health shall forward the LOR, Clinical Questionnaire Form, and CWER Form, to a selected Wheelchair Provider.
    - b. For a Health Network Member, the Health Network shall forward the LOR and authorization request to a selected Wheelchair Provider.
    - c. CalOptima Health or the Health Network may select a contracted Wheelchair Provider that has a history with a Member to provide continuity of services.

- i. CalOptima Health or a Health Network shall provide Continuity of Care for a Member eligible with the California Children's Services (CCS) Program and transitioned into the Whole Child Model (WCM) program with a Specialized or Customized Durable Medical Equipment (DME) provider for up to twelve (12) months, in accordance with CalOptima Health Policy GG.1325: Continuity of Care for Members Transitioning into CalOptima Health Services. For Specialized or Customized DME under warranty, the Continuity of Care period may be extended to the duration of the warranty.
8. The selected Wheelchair Provider shall arrange a fitting appointment with the Member at the Member's residence or at a Seating Clinic.
9. The Wheelchair Provider shall obtain Prior Authorization to provide a customized Wheelchair to a Member by submitting an authorization request and a Wheelchair Quote that is signed and dated by the Member's Practitioner to CalOptima Health or the Health Network.
10. The Wheelchair Provider shall include the following information, at a minimum, in the Wheelchair Quote and prescription submitted to CalOptima Health or the Health Network:
  - a. Member's name, date of birth, phone number, address, and identification (ID) number;
  - b. Wheelchair Provider's name, address, telephone number, contact name and telephone number, and National Provider Identifier;
  - c. Date of request; and
  - d. Description of the Wheelchair and related items, including:
    - i. Manufacturer name, model type or serial number, and purchase price;
    - ii. Product description;
    - iii. Billing and procedure codes, as applicable;
    - iv. For unlisted or miscellaneous codes, copy of the catalogue page with price.
11. For an unlisted Wheelchair and accessories, the Member's Wheelchair Provider shall submit the following information:
  - a. Medical documentation justifying that the equipment is Medically Necessary and meets the Member's medical needs; and
  - b. Explanation of why a listed item does not meet the Member's medical needs and how the unlisted item best accommodates the Member's functional limitations and medical needs.
12. CalOptima Health or the Health Network shall review the authorization request and the signed Wheelchair Quote submitted by the Wheelchair Provider and, if incomplete, shall require the Member's Practitioner, or Wheelchair Provider to provide additional information.
13. If CalOptima Health or the Health Network approves the Custom Wheelchair, CalOptima Health or the Health Network shall send a letter of authorization to the contracted Custom Wheelchair Provider. Upon receipt, the Wheelchair Provider shall assemble the Custom Wheelchair in accordance with the authorization.

14. Upon completion of the Wheelchair, the Wheelchair Provider shall provide a post-fitting at the Member's residence or at the Seating Clinic to ensure that the Member's Wheelchair meets the medical and functional needs of the Member.
15. Upon receipt of the signed delivery ticket from the contracted Wheelchair Provider and confirmation that the Member's Wheelchair meets the medical and functional needs of the Member, CalOptima Health or the Health Network shall process the claim for payment.

#### C. Seating and Positioning Component

1. A Member may be eligible to receive SPCs when Medically Necessary, and, for Medi-Cal and OneCare Members, pursuant to DHCS guidance.
2. A licensed Practitioner shall submit a complete authorization request with a written prescription to CalOptima Health's Utilization Management (UM) Department or the Health Network. Authorization request documentation shall include:
  - a. Member's name, date of birth, phone number, address, and identification (ID) number;
  - b. Full name, address, telephone number, and signature of the prescribing licensed Practitioner;
  - c. Date of request;
  - d. For Medi-Cal and OneCare Members, supporting documentation that the Member meets the Medical Necessity criteria for SPCs, in accordance with DHCS guidelines; and
  - e. Specific item(s) requested, including Healthcare Common Procedure Coding System (HCPCS) codes.
3. CalOptima Health or a Health Network shall approve, modify, or deny an authorization for SPCs, in accordance with CalOptima Health Policy GG.1508: Authorization and Processing of Referrals.

#### D. Wheelchair Repair

1. A Wheelchair repair request with a total cost of less than two hundred fifty dollars (\$250), that is a Covered Service, and that does not exceed frequency limitations, shall not require a Prior Authorization.
  - a. For a CalOptima Health Direct Member, CalOptima Health shall reimburse such a repair pursuant to all applicable claims requirements, in accordance with CalOptima Health Policies FF.2001: Claims Processing for Covered Services Rendered to CalOptima Health Direct-Administrative Members, CalOptima Health Community Network Members, or Members Enrolled in a Shared Risk Group and CMC.3101: Claims Processing.
  - b. For a Health Network Member, a Health Network shall reimburse such repair pursuant to all applicable claims requirements.
2. A Member's Practitioner shall complete a Wheelchair repair authorization request for a Wheelchair repair exceeding a total cost of two hundred fifty dollars (\$250). Documentation shall include:



- a. Member's name, date of birth, phone number, address, and identification (ID) number;
  - b. Full name, address, telephone number, and signature of the prescribing Practitioner;
  - c. Date of request; and
  - d. Description of the repair, or maintenance, required.
3. Upon submission of the Wheelchair repair authorization request, CalOptima Health's UM Department or the Health Network shall review the request for benefit coverage, frequency limitations, and Medical Necessity. CalOptima Health or the Health Network shall approve, modify, or deny a Wheelchair repair authorization, in accordance with CalOptima Health Policy GG.1508: Authorization and Processing of Referrals.
- E. Medical Therapy Program - California Children's Services (CCS)/Whole Child Model (WCM) Program Members
1. For Members eligible with the CCS Program who participate in the Orange County CCS Medical Therapy Program (MTP), the MTP shall submit all requests for Wheelchairs and Wheelchair repairs with a total cost of over two hundred fifty dollars (\$250) to CalOptima Health. The request will include:
    - a. Completed Custom Wheelchair Authorization Referral Form, if applicable;
    - b. Signed prescription/provider order for the requested Wheelchair; and
    - c. Wheelchair specifications, HCPCS codes and pricing from the Wheelchair vendor that have been reviewed/confirmed by Medical Therapy Unit (MTU) therapist/supervisor.
  2. CalOptima Health will review and triage these requests to CalOptima Health or the Health Network Prior Authorization staff via secure communication.
  3. If a referral for a Wheelchair or Wheelchair repair for a CCS-Eligible Member is received by CalOptima Health or a Health Network directly from a vendor and not from the MTU, the request will be denied, and the Member referred to the MTU for evaluation.
  4. If the Member requests a Wheelchair or a Wheelchair repair that the MTU does not recommend, the MTU will notify CalOptima Health who will issue or instruct the Health Network to issue the appropriate Notice of Action letter.
  5. For Wheelchairs or Wheelchair repairs that are covered and recommended by the MTU, CalOptima Health or a Health Network will approve the Wheelchair request in accordance with CalOptima Health Policies GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers and GG.1508: Authorization and Processing of Referrals.
  6. Following approval, CalOptima Health or a Health Network will notify the requesting provider, the Member's MTP and Wheelchair Provider within standard Prior Authorization turn around-time requirements for Wheelchair requests.
  7. For CCS-Eligible Members, Wheelchair-related requests will be processed in the same manner as provided for non-CCS Members in this Policy, except with regard to Continuity of Care as

described in Section III.B.7.c.i. of this Policy.

#### **IV. ATTACHMENT(S)**

- A. CalOptima Health Authorization Request Form (ARF)
- B. Customized Wheelchair Evaluation Request (CWER) Form
- C. Clinical Questionnaire: Referring Physician Authorization for New Wheelchair
- D. Wheelchair Repairs Authorization Referral Form

#### **V. REFERENCE(S)**

- A. California Children's Services (CCS) Numbered Letter (NL) 09-0514: Powered Mobility Devices (PMD)
- B. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
- C. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- D. CalOptima Health Contract for Wheelchair Services
- E. CalOptima Health Policy FF.2001: Claims Processing for Covered Services Rendered to CalOptima Health Direct-Administrative Members, CalOptima Health Community Network Members, or Members Enrolled in a Shared Risk Group
- F. CalOptima Health Policy FF.2003: Coordination of Benefits
- G. CalOptima Health Policy GG.1325: Continuity of Care for Members Transitioning into CalOptima Health Services
- H. CalOptima Health Policy GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers
- I. CalOptima Health Policy GG.1508: Authorization and Processing of Referrals
- J. CalOptima Health Policy MA.3103: Claims Coordination of Benefits
- K. CalOptima Health, Health Network Service Agreement
- L. Centers for Medicare & Medicaid Services (CMS) Managed Care Manual (MCM) Chapter 4, Section 10.12: Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)
- M. Department of Health Care Services (DHCS) All Plan Letter (APL) 15-018: Criteria for Coverage of Wheelchairs and Applicable Seating and Positioning Components, including DHCS Guidance: Durable Medical Equipment: Wheelchair and Wheelchair Accessories
- N. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-034: California Children's Services Whole Child Model Program (supersedes APL 21-005)
- O. Department of Health Care Services Medi-Cal Allied Health Provider Manual Durable Medical Equipment (DME): An Overview
- P. Title 22, California Code of Regulations (CCR), §§51303, 51104, 51160, and 51321
- Q. Welfare and Institutions Code (WIC), §14105.485

#### **VI. REGULATORY AGENCY APPROVAL(S)**

Date	Regulatory Agency	Response
12/10/2015	Department of Health Care Services (DHCS)	Approved as Submitted

#### **VII. BOARD ACTION(S)**

Date	Meeting
07/10/2008	Regular Meeting of the CalOptima Board of Directors
10/04/2018	Regular Meeting of the CalOptima Board of Directors

#### **VIII. REVISION HISTORY**

<b>Action</b>	<b>Date</b>	<b>Policy</b>	<b>Policy Title</b>	<b>Program(s)</b>
Effective	01/01/2009	GG.1531	Criteria and Authorization Process for Wheelchair Rental, Purchase, and Repair	Medi-Cal
Revised	01/01/2010	GG.1531	Criteria and Authorization Process for Wheelchair Rental, Purchase, and Repair	Medi-Cal
Revised	08/01/2015	GG.1531	Criteria and Authorization Process for Wheelchair Rental, Purchase, and Repair	Medi-Cal OneCare OneCare Connect
Revised	05/10/2016	GG.1531	Criteria and Authorization Process for Wheelchair Rental, Purchase, and Repair	Medi-Cal OneCare OneCare Connect
Revised	10/01/2016	GG.1531	Criteria and Authorization Process for Wheelchair Rental, Purchase, and Repair	Medi-Cal OneCare OneCare Connect
Revised	08/01/2017	GG.1531	Criteria and Authorization Process for Wheelchair Rental, Purchase, and Repair	Medi-Cal OneCare OneCare Connect
Revised	10/04/2018	GG.1531	Criteria and Authorization Process for Wheelchair Rental, Purchase, and Repair	Medi-Cal OneCare OneCare Connect
Revised	10/01/2019	GG.1531	Criteria and Authorization Process for Wheelchair Rental, Purchase, and Repair	Medi-Cal OneCare OneCare Connect
Revised	08/01/2020	GG.1531	Criteria and Authorization Process for Wheelchair Rental, Purchase, and Repair	Medi-Cal OneCare OneCare Connect
Revised	06/01/2021	GG.1531	Criteria and Authorization Process for Wheelchair Rental, Purchase, and Repair	Medi-Cal OneCare OneCare Connect
Revised	12/31/2022	GG.1531	Criteria and Authorization Process for Wheelchair Rental, Purchase, and Repair	Medi-Cal OneCare
Revised	12/31/2023	GG.1531	Criteria and Authorization Process for Wheelchair Rental, Purchase, and Repair	Medi-Cal OneCare
Revised	06/01/2024	GG.1531	Criteria and Authorization Process for Wheelchair Rental, Purchase, and Repair	Medi-Cal OneCare

## IX. GLOSSARY

Term	Definition
Activities of Daily Living (ADL)	Personal everyday activities including, but not limited to, tasks such as eating, toileting, grooming, dressing, and bathing.
California Children's Services (CCS)-Eligible Conditions	An individual identified as a single point-of-contact responsible for the provision of case management services and facilitation of Care Coordination for a Member receiving services under the California Children's Services (CCS) Program.
California Children's Services (CCS) Program	A State and county program providing Medically Necessary services to treat CCS-Eligible Conditions.
CalOptima Health Direct (COHD)	A direct health care program operated by CalOptima Health that includes both COHD- Administrative (COHD-A) and CalOptima Health Community Network (CHCN) and provides services to Members who meet certain eligibility criteria as described in CalOptima Health Policy DD.2006: Enrollment in/Eligibility with CalOptima Health Direct.
Continuity of Care	<p><u>Medi-Cal</u>: Services provided to a Member rendered by an out-of-network provider with whom the Member has pre-existing provider relationship.</p> <p><u>OneCare</u>: Continuity of care refers to the continuous flow of care in a timely and appropriate manner. Continuity includes:</p> <ol style="list-style-type: none"> <li>1. Linkages between primary and specialty care;</li> <li>2. Coordination among specialists;</li> <li>3. Appropriate combinations of prescribed medications;</li> <li>2. Coordinated use of ancillary services;</li> <li>3. Appropriate discharge planning; and</li> <li>4. Timely placement at different levels of care including hospital, skilled nursing and home health care.</li> </ol>
Covered Services	<p><u>Medi-Cal</u>: Those health care services, set forth in W&amp;I sections 14000 et seq. and 14131 et seq., 22 CCR section 51301 et seq., 17 CCR section 6800 et seq., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, the contract with DHCS for Medi-Cal, and DHCS APLs that are made the responsibility of CalOptima Health pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS.</p> <p>Covered Services do not include:</p> <ol style="list-style-type: none"> <li>1. Home and Community-Based Services (HCBS) program as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsections 4.3.15 (Services for Persons with Developmental Disabilities), 4.3.20 (Home and Community-Based Services Programs) regarding waiver programs, 4.3.21 (In-Home Supportive Services), and Department of Developmental Services (DDS) Administered Medicaid Home and Community-Based Services Waiver. HCBS programs do not include services that are available as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service, as described in 22 CCR sections 51184, 51340 and 51340.1. EPSDT services are covered under the DHCS contract for Medi-Cal, as specified in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services), Subsection F4 regarding services</li> </ol>

Term	Definition
	<p>for Members less than twenty-one (21) years of age. CalOptima Health is financially responsible for the payment of all EPSDT services;</p> <ol style="list-style-type: none"> <li>2. California Children's Services (CCS) as specified in Exhibit A, Attachment III, Subsection 4.3.14 (California Children's Services), except for Contractors providing Whole Child Model (WCM) services;</li> <li>3. Specialty Mental Health Services as specified in Exhibit A, Attachment III, Subsection 4.3.12 (Mental Health Services);</li> <li>4. Alcohol and SUD treatment services, and outpatient heroin and other opioid detoxification, except for medications for addiction treatment as specified in Exhibit A, Attachment III, Subsection 4.3.13 (Alcohol and Substance Use Disorder Treatment Services);</li> <li>5. Fabrication of optical lenses except as specified in Exhibit A, Attachment III, Subsection 5.3.7 (Services for All Members);</li> <li>6. Direct Observed Therapy for Treatment of Tuberculosis (TB) as specified in Exhibit A, Attachment III, Subsection 4.3.18 (Direct Observed Therapy for Treatment of Tuberculosis);</li> <li>7. Dental services as specified in W&amp;I sections 14131.10, 14132(h), 14132.22, 14132.23, and 14132.88, and EPSDT dental services as described in 22 CCR section 51340.1(b). However, CalOptima Health is responsible for all Covered Services as specified in Exhibit A, Attachment III, Subsection 4.3.17 (Dental) regarding dental services;</li> <li>8. Prayer or spiritual healing as specified in 22 CCR section 51312;</li> <li>9. Educationally Necessary Behavioral Health Services that are covered by a Local Education Agency (LEA) and provided pursuant to a Member's Individualized Education Plan (IEP) as set forth in Education Code section 56340 et seq., Individualized Family Service Plan (IFSP) as set forth in California Government Code (GC) section 95020, or Individualized Health and Support Plan (IHSP). However, CalOptima Health is responsible for all Medically Necessary Behavioral Health Services as specified in Exhibit A, Attachment III Subsection 4.3.16 (School-Based Services);</li> <li>10. Laboratory services provided under the State serum alpha-feto-protein-testing program administered by the Genetic Disease Branch of California Department of Public Health (CDPH);</li> <li>11. Pediatric Day Health Care, except for Contractors providing Whole Child Model (WCM) services;</li> <li>12. State Supported Services;</li> <li>13. Targeted Case Management (TCM) services as set forth in 42 USC section 1396n(g), W&amp;I sections 14132.48 and 14021.3, 22 CCR sections 51185 and 51351, and as described in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services). However, if Members less than twenty-one (21) years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM services, CalOptima Health must ensure access to comparable services under the EPSDT benefit in accordance with DHCS APL 23-005;</li> <li>14. Childhood lead poisoning case management provided by county health departments;</li> <li>15. Non-medical services provided by Regional Centers (RC) to individuals with Developmental Disabilities, including but not limited to respite, out-of-home placement, and supportive living;</li> <li>16. End of life services as stated in Health and Safety Code (H&amp;S) section 443 et seq., and DHCS APL 16-006; and</li> </ol>

<b>Term</b>	<b>Definition</b>
	<p>17. Prescribed and covered outpatient drugs, medical supplies, and enteral nutritional products when appropriately billed by a pharmacy on a pharmacy claim, in accordance with DHCS APL 22-012.</p> <p><u>OneCare</u>: Those medical services, equipment, or supplies that CalOptima Health is obligated to provide to Members under the Centers of Medicare &amp; Medicaid Services (CMS) Contract.</p>
Custom Wheelchair	For the purposes of this policy, refers to those Wheelchairs which are specialized, requiring an evaluation be done by a Seating Clinic prior to submitting an Authorization Request Form to a contracted vendor who is able to provide the Wheelchair customization needed for the Member.
Department of Health Care Services (DHCS)	The single State Department responsible for administration of the Medi-Cal program, California Children Services (CCS), Genetically Handicapped Persons Program (GHPP), Child Health and Disabilities Prevention (CHDP), and other health related programs.
Durable Medical Equipment (DME)	<p><u>Medi-Cal</u>: Medically Necessary medical equipment as defined by 22 CCR section 51160 that a Provider prescribes for a Member that the Member uses in the home, in the community, or in a facility that is used as a home.</p> <p><u>OneCare</u>: Any equipment that is prescribed by a licensed Practitioner to meet the medical equipment needs of the Member that:</p> <ol style="list-style-type: none"> <li>1. Can withstand repeated use;</li> <li>2. Is used to serve a medical purpose;</li> <li>3. Is not useful to a Member in the absence of an illness, injury, functional impairment or congenital anomaly; and</li> <li>4. Is appropriate for use in or outside of the Member's home.</li> </ol>
Evaluation Services Provider (ESP)	A Provider of Custom Wheelchair and seating systems assessment and evaluation services, whether provided in-home or in the Provider's Facility, designated and contracted to assess and evaluate a Member with Disabilities (MWD)'s need for power Wheelchairs and seating systems or customized modifications to Wheelchairs and seating systems.
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Instrumental Activities of Daily Living (IADL)	Those activities that allow a Member to live independently in a community and include shopping, housekeeping, accounting, food preparation, taking medications as prescribed, use of a telephone or other form of communication, and accessing transportation within the Member's community.
Intermediate Care Facility (ICF)	<p><u>Medi-Cal</u>: A health facility that is licensed as such by the Department of Health Care Services (DHCS) or is a hospital or SNF that meets the standards specified in Title 22, California Code of Regulations, Section 51212, and has been certified by DHCS for participation in the Medi-Cal program.</p> <p><u>OneCare</u>: A facility that primarily provides health-related care and services above the level of custodial care but does not provide the level of care available in a hospital or Skilled Nursing Facility.</p>
Medical Therapy Program (MTP)	For purposes of this policy: A special program within California Children's Services that provides physical therapy (PT), occupational therapy (OT) and medical therapy conference (MTC) services for children who have disabling conditions, generally due to neurological or musculoskeletal disorders.

Term	Definition
Medically Necessary or Medical Necessity	<p><u>Medi-Cal</u>: Reasonable and necessary Covered Services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&amp;I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services shall include Covered Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity. For Members under twenty-one (21) years of age, a service is Medically Necessary if it meets the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard of medical necessity set forth in Section 1396dI(5) of Title 42 of the United States Code, as required by W&amp;I Code 14059.5(b) and W&amp;I Code Section 14132(v). Without limitation, Medically Necessary services for Members under twenty-one (21) years of age include Covered Services necessary to achieve or maintain age-appropriate growth and development, attain, regain or maintain functional capacity, or improve, support or maintain the Member's current health condition. CalOptima Health shall determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child.</p> <p><u>OneCare</u>: Reasonable and necessary medical services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&amp;I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services includes Medi-Cal Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.</p>
Member	A beneficiary enrolled in a CalOptima Health program.
Other Health Coverage (OHC)	<p><u>Medi-Cal</u>: The responsibility of an individual or entity, other than CalOptima Health or a Member, for the payment of the reasonable value of all or part of the health care benefits provided to a Member. Such OHC may originate under any other state, federal, or local medical care program or under other contractual or legal entitlements, including but not limited to, a private group or indemnification program. This responsibility may result from a health insurance policy or other contractual agreement or legal Obligation, excluding tort liability.</p> <p><u>OneCare</u>: Evidence of health coverage other than OneCare including, but not necessarily limited to:</p> <ol style="list-style-type: none"> <li>1. The CalOptima Health Medi-Cal program;</li> <li>2. Group health plans;</li> <li>3. Federal Employee Health Benefits Program (FEHB);</li> <li>4. Military coverage, including TRICARE;</li> <li>5. Worker's Compensation;</li> <li>6. Personal Injury Liability compensation;</li> <li>7. Black Lung federal coverage;</li> <li>8. Indian Health Service;</li> <li>9. Federally qualified health centers (FQHC);</li> <li>10. Rural health centers (RHC); and</li> <li>11. Other health benefit plans or programs that provide coverage or financial assistance for the purchase or provision of Covered Part D Drugs on behalf of Part D eligible individuals as the Centers for Medicare &amp; Medicaid Services (CMS) may specify.</li> </ol>

<b>Term</b>	<b>Definition</b>
Practitioner	A licensed independent Practitioner including, but not limited to, a Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Podiatric Medicine (DPM), Doctor of Chiropractic Medicine (DC), Doctor of Dental Surgery (DDS), Doctor of Psychology (PhD or PsyD), Licensed Clinical Social Worker (LCSW), Marriage and Family Therapist (MFT or MFCC), Nurse Practitioner (NP), Nurse Midwife, Physician Assistant (PA), Optometrist (OD), Registered Physical Therapist (RPT), Occupational Therapist (OT), or Speech and Language Therapist, furnishing Covered Services.
Prior Authorization	<p><u>Medi-Cal</u>: A formal process requiring a Provider to obtain advance approval for the amount, duration, and scope of non-emergent Covered Services.</p> <p><u>OneCare</u>: A process through which a physician or other health care provider is required to obtain advance approval from the plan that payment will be made for a service or item furnished to a Member.</p>
Seating and Positioning Components (SPC)	Seat, back and positioning equipment mounted to the Wheelchair base.
Seating Clinic	A CalOptima Health contracted utilization management evaluation by a multidisciplinary team led by a principal therapist to evaluate a Member's needs for a Custom Seating System, recommend the most appropriate Custom Seating System, fit the Custom Seating System, and Report UM activity.
Skilled Nursing Facility (SNF)	<p><u>Medi-Cal</u>: Any facility, place, building, agency, skilled nursing home, convalescent hospital, nursing home, or nursing facility as defined in 22 CCR section 51121, which is licensed as a SNF by California Department of Public Health (CDPH) or is a distinct part or unit of a hospital, meets the standard specified in 22 CCR section 51215 of these regulations, except that the distinct part of a hospital does not need to be licensed as a SNF, and has been certified and enrolled for participation as a SNF in the Medi-Cal program.</p> <p><u>OneCare</u>: A facility that meets specific regulatory certification requirements that primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.</p>
Specialized and Customized Durable Medical Equipment (DME)	DME that is uniquely constructed from raw materials or substantially modified from the base material solely for the full-time use of a specific Member, according to a physician's description and orders; is made to order or adapted to meet the specific needs of the Member; and is so uniquely constructed, adapted, or modified that it is unusable by another individual, and is so different from another item used for the same purpose that the two could not be grouped together for pricing purposes.
Standard Wheelchair	For the purposes of this policy, refers to those Wheelchairs that are available through any contracted vendor that provides Wheelchair rentals on a short-term basis, or for purchase. These Wheelchairs do not require an evaluation by the Seating Clinic and are typically for short term use and are not customizable.
Wheelchair	<p>A Wheelchair may be a:</p> <ol style="list-style-type: none"> <li>1. Manual Wheelchair;</li> <li>2. Power mobility device (PMD);</li> <li>3. Power-assisted vehicle (POV); or</li> <li>4. Push rim activated device.</li> </ol>



<b>Term</b>	<b>Definition</b>
Wheelchair Provider	A contracted provider, acting within his or her scope of practice, to furnish Wheelchairs, SPCs, and related accessories to Members. The Wheelchair Provider ensures the Wheelchair, SPCs, and accessories furnished are appropriate for the Member's medical and functional needs and may adjust or modify the furnished items as appropriate.
Whole Child Model (WCM)	An organized delivery system established for Medi-Cal eligible CCS children and youth, pursuant to California Welfare & Institutions Code (commencing with Section 14094.4), and that (i) incorporates CCS Covered Services into Medi-Cal managed care for CCS-eligible Members and (ii) integrates Medi-Cal managed care with specified county CCS program administrative functions to provide comprehensive treatment of the whole child and care coordination in the areas of primary, specialty, and behavioral health for CCS-eligible and non-CCS-Eligible Conditions.