

See below for claims for calendar year 2022. The costs below are what is paid under the State and Partnership Medical Plans.

Equipment	Purchased New		Rental	
	Number of Claims	Average Equipment Cost	Number of Claims	Average Equipment Cost
Lightweight Wheelchairs			2	\$47
Standard Wheelchairs	11	\$2,212	16	\$59
Pediatric Wheelchairs	5	\$2,004	14	\$169
Power Operated Vehicles	5	\$974	1	\$80
Wheelchairs, Power Operated	12	\$7,397		

These answers pertain to the State and Partnership Plans administered by the Office of the State Comptroller. This universe includes active and retired employees and their eligible dependents.

**Question:** What is the average and maximum processing times for individual enrollees to obtain prior authorization, once a request for prior authorization is submitted, for 1) new wheelchairs and 2) wheelchair repairs?

For any authorization request (MRI, surgery, etc.) that comes into Quantum Health they are processing authorization in **5-7 business days** once they obtain all the clinical information required to complete a review. Both obtaining and repairing of a power wheelchair (PWC) fall within this timeframe.

**Question:** What are the factors that trigger prior authorization or prescription requirements for wheelchair repairs, such as kind of part, medical condition, duration since purchase, dollar amounts, etc. (as provided by DSS in its presentation to the task force)?

The need for a power motorized wheelchair (PWC) is a decision made by the prescribing provider in collaboration with the patient. There is no specific medical condition that justifies or excludes the use of a PWC. The medical criteria is based on mobility limitations and the patient's ability to use a PWC. General Criteria for qualifying for a power motorize wheelchair is below:

1. A written assessment by a physician or other appropriate clinician which demonstrates criteria **a, b and c below**:
  - a. The individual lacks the functional mobility to safely and efficiently move about to complete mobility-related activities of daily living (MRADLs) (for example, toileting, feeding, dressing, grooming, and bathing in customary locations in the home); **and**
  - b. The individual's living environment supports the use of a powered/motorized wheelchair, PAPA or POV; **and**
  - c. The individual has mental and physical capability to consistently operate the powered/motorized wheelchair, PAPA or POV safely and effectively; **and**

2. Other assistive devices (for example, canes, walkers, manual wheelchairs) are insufficient or unsafe to completely meet functional mobility needs; **and**
3. The individual is unable to operate a manual wheeled mobility device; **and**
4. The individual's medical condition requires a powered/motorized wheelchair, PAPA\* or POV\* device for long-term use of at least 6 months; **and**
5. The powered/motorized wheelchair, PAPA\* or POV\* is ordered by the physician responsible for the individual's care:

\* PAPA: Pushrim Activated power assist wheelchair

\* POV: Power operated vehicle

**Question:** If your plan sometimes determines whether a wheelchair should be repaired or just entirely replaced, in which case prior authorization for a repair is denied, what factors are considered - medical conditions, duration since purchase, or dollar amounts, etc.?

Repairs and replacement is based on expected function ability of the current PWC and underlying cause of failure of the device. Repairs and replacements of a powered/motorized wheelchair are considered medically necessary when:

- A. Needed for normal wear or accidental damage; **or**
- B. The changes in the individual's condition warrant additional or different equipment, based on clinical documentation.

Intentional abuse or damage of the device will not be covered. Premature failures of the device will be covered under the product's warranty.