

Type of Equipment:

SPECIAL AUTHORIZATION BENEFITS

Program:

WHEELCHAIR/ SEATING AND CONVALESCENT/ REHAB PROGRAMS

Category	Benefit Items	Criteria
Power Mobility	Power tilt systems	<ol style="list-style-type: none">1. The client has a medical or safety need for tilt including:<ol style="list-style-type: none">(a) Client cannot sit unsupported and tilt is the only way to provide the necessary support AND/OR(b) Client has a history of or is at high risk for the development of pressure sores and/or has impaired sensation AND/OR(c) Client is unable to weight shift independently AND/OR(d) Client has respiratory, circulatory or feeding problems that can only be addressed with tilt AND/OR(e) Client has a spinal deformity that cannot be accommodated with seating components alone AND/OR(f) Client requires tilt to facilitate catheterization AND/OR(g) Client has primitive reflexes or a neurological condition that can only be accommodated with tilt2. Client does not have reasonable and timely access to caregiver assistance3. (a) There is a high probability of the client's death as a clear and direct result of not having the power tilt system on the wheelchair which is supported, in writing, by a physician AND/OR (b) The client is on a ventilator 24 hours per day
	Power tilt and recline	<ol style="list-style-type: none">4. All the criteria for power tilt (above) has been met5. Power tilt alone does not meet the client's positioning needs
	3-wheeled scooters	<ol style="list-style-type: none">6. The client meets all criteria for a 4-wheeled scooter7. a. A 4-wheeled scooter cannot be used by the client for medical reasons OR b. A 4-wheeled scooter cannot be used by the client due to the design of the scooter and the environment in which it will be used.