1. **Purpose**

   The purpose of this policy is to establish criteria for the medical necessity of wheelchair management.

2. **Definitions**

   Wheelchair management is defined as direct one-on-one assessment, fitting and/or training in the use of manual or power driven wheelchairs.

   These procedures are timed services and should be reported for each 15 minute time period performed.

3. **Statement of Policy**

   3.1. The determination of medical necessity for the performance of wheelchair management is always made on a case-by-case basis.

   3.2. Wheelchair management (assessment, fitting and training) **may be considered medically necessary** only when it:

      - Requires the professional skills of a licensed healthcare provider, and;
      - Is designed to address specific needs of the patient.
      - The patient must have the potential to acquire the skills necessary to operate the wheelchair as independently as possible.

   3.3. The use of an instructional video does not constitute direct one-on-one supervision and instruction in the use of a wheelchair.

4. **References**

   4.1. **Scientific:**

      The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding wheelchair management and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.


### 4.2. Related Triad Medical Policies:

- **TMMP 18 - Medical Necessity**
- **TMMP 13 - Adjunctive Modalities and / or Therapeutic Procedures**

**CPT Codes**

This policy relates to the use of the following CPT Codes:

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description (AMA CPT Guide)</th>
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<tbody>
<tr>
<td>97542</td>
<td>Wheelchair management (e.g. assessment, fitting, training), each 15 minutes</td>
</tr>
</tbody>
</table>

This list may not be all inclusive and is not intended to be used for coding/billing purposes.

**Table of Revisions**

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/10/2013</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes in policy text.</td>
</tr>
</tbody>
</table>
Triad's Medical Policies are not recommendations for treatment and providers are expected to exercise their clinical judgment in providing the most appropriate care. Health care providers and patients should not rely on these Medical Policies in making health care decisions. These Medical Policies are guidelines and do not constitute an authorization, certification, explanation of benefits or guarantee of payment. Applications of Triad’s Medical Policies are determined by the enrollee’s benefit documents and contracts and as such individual benefits must be verified. Determinations of medical necessity apply only if the benefit exists and no contract exclusions are applicable. In the event of a conflict, a participant’s benefit plan document shall supersede the information contained in Triad's Medical Policies.