

June 25, 2008

To Whom It May Concern:

Re: Recent Medicaid denial trend of initial manual wheelchairs

I am an Occupational Therapy Practitioner in private practice, specializing in Assistive Technology, particularly in seating and mobility. I currently work as an internal medical reviewer for ATG Rehab in addition to my other business activities. In this capacity, I have noted a concerning trend. It appears that the majority of initial manual wheelchairs recommended for pediatric clients are being denied. The reason often provided for these denials is that a stroller is a less costly and more appropriate alternative.

An experienced Rehab Technology Supplier (RTS) who has also been credentialed as an Assistive Technology Supplier (ATS) by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) provides evaluations for mobility equipment. All efforts are made to include the client's occupational therapist, physical therapist and/or physician in the evaluation. All documentation is reviewed and signed by the client's physician. It is concerning that recommendations made following this comprehensive evaluation are being re-evaluated without benefit of seeing the actual client.

Adaptive strollers, also referred to as dependent mobility bases, are available for nearly all sized clients. Strollers are available for neonates through adults. Frame adjustments and seating options vary significantly. In general, a manual wheelchair is recommended instead of an adaptive stroller for the following reasons:

1. **Frame Growth:** Manual wheelchairs provide more frame growth than adaptive strollers. For a growing client, this means that a manual wheelchair can be used longer than a stroller.
2. **Frame adjustment:** Manual wheelchairs provide more frame adjustment. Frame adjustments are an important part of addressing postural needs. For example, many manual wheelchair frames allow the seat to back angle to be changed to achieve the optimal position for trunk and head control. This is often unavailable in an adaptive stroller.
3. **Fixed tilt:** Manual wheelchairs can be adjusted so that the seat is parallel to the floor or slightly tilted. Many adaptive strollers place the client in a significant fixed tilt. A fixed tilt may assist trunk and head control by allowing gravity to do the work. However, clients who spend a great deal of time tilted rearward may lose active head and trunk control, have a more limited visual range and may be at increased risk of aspiration.
4. **Seating:** Adaptive strollers typically use the same manufacturer's seating options. On the other hand, manual wheelchairs can accommodate a variety of manufacturer's seating systems and components, depending on the client need.

Adaptive stroller seating systems are less aggressive and do not offer as much adjustment as seating systems available for use in a manual wheelchair. In general, adaptive strollers are best used for clients with minimal to moderate positional needs and manual wheelchairs are best used for clients with moderate to maximum positional needs.

5. Independent propulsion or potential to self-propel: Adaptive strollers are dependent mobility bases. A caregiver is required for propulsion and the client has no ability to move through space. A manual wheelchair can be set-up to be a dependent mobility base (using smaller rear wheels, for example) or a base which provides for self-propulsion. If a client is able to self-propel, even with limited functionality, they can benefit from independent movement through space. Benefits include improved cognition, vision and visual perceptual skills, socialization and participation and reduced learned helplessness. If a client demonstrates potential to self-propel, even with limited functionality, over the expected lifetime of the frame, a manual wheelchair is an appropriate option. If an adaptive stroller is recommended when self-propulsion is anticipated, it may need to be replaced with a manual wheelchair prematurely.
6. Age appropriateness: Our culture equates a stroller with an infant or young child. Placing a child in an adaptive stroller for the anticipated 5 year guideline is not age appropriate for many clients. People interact differently with a child in a stroller, tend to expect less and may not see the child as a capable person.

An adaptive stroller is recommended instead of a manual wheelchair, when appropriate. An adaptive stroller may be recommended for the following reasons:

1. Limited use for seating: A client may not require adaptive seating throughout the day. The client may be able to sit on a couch or floor independently and only require a seating system when in a mobility base or for limited activities.
2. Limited use for mobility: A client may be independently mobile and only require a stroller for long distances and/or when fatigued.
3. Limited positional needs: A client may have limited positional needs and not require the support provided by a more aggressive seating system or need frame adjustments found on manual wheelchairs.
4. Small child: Adaptive strollers are available in smaller sizes than manual wheelchairs for young children. A stroller is also more age-appropriate for a young child.
5. Parental Preference: Some parents prefer an adaptive stroller over a manual wheelchair, particularly for younger children, as it may be more acceptable and less stigmatizing.
6. As a back-up to a manual wheelchair: Adaptive strollers generally weigh less than manual wheelchairs and often are easily to fold and fold more compactly. As a result, adaptive strollers are usually easier to transport and carry into inaccessible locations. If a family does not have an accessible vehicle or home, a stroller may be a reasonable option. If the client has moderate to maximum positional needs and/or the ability or potential to self-propel, a manual wheelchair may still be

needed. This wheelchair may be primarily used in one location, such as the home or at school and the adaptive stroller used for transportation by the family.

The above are guidelines, however a comprehensive evaluation is still required to identify all client needs and to match those needs with the most appropriate equipment options to increase the likelihood of a successful outcome.

I would be happy to meet with the appropriate people at Medicaid to discuss this further, if that would be helpful. I respectfully ask that this situation be reviewed so that the most appropriate equipment can be provided to clients in a timely manner.

Sincerely,

Michelle L. Lange, OTR, ABDA, ATP
Access to Independence, Inc.

and

Internal Medical Reviewer
ATG Rehab