Strollers and Wheelchairs for Safety
DME-018

Iowa Medicaid Program	Clams Pre-Pay	**Effective Date**	09/05/2014
Revision Number	7	**Last Reviewed**	07/17/2026
Reviewed By	Medicaid Medical Director	**Next Review**	07/17/2027
Approved By	Medicaid Clinical Advisory Committee	**Approved Date**	08/16/2017

Descriptive Narrative

Strollers and wheelchairs are primarily mobility devices but are occasionally needed to assure the safety of an individual who is otherwise ambulatory. These criteria will not apply when a deficit in age-appropriate ambulation exists. In that case, the request should be evaluated based on the mobility needs of the member, using the appropriate mobility-related criteria.

Criteria

Documentation of **ALL** the following must be submitted. If any of the below do not apply, specific information from the provider indicating the reason the criterion does not apply must be included:

1. The member has an impaired safety awareness; **AND**
2. The member has a history of placing self in a situation where safety is compromised or potentially severely compromised or such risk is predictable; **AND**
3. Caregivers are unable to mitigate safety risk; **AND**
4. Use of a stroller or wheelchair for the sole purpose of safety for recreational activities and family outings such as shopping is not sufficient. The member must require the device for safety in other environments necessary for health and well-being;
    a. Necessary environments include:
        1) Medical or therapy appointments.
        2) Environments necessary for education or work.
        3) Transportation to other necessary environments.
        4) Environments required for the free practice of religion.
        5) Other environments when supported by medical documentation. **AND**
    b. Documentation should support the medical need of the member to be in the potentially dangerous situation requiring use of a stroller or wheelchair for safety; **AND**

5. The needs of the member cannot be met by a less costly means, such as:
   a. Avoidance of situations in which the member is prone to safety risks.
   b. Behavioral management of unsafe behaviors.
   c. Manipulation of the environment to reduce risk.
   d. Less costly devices **or** more efficient use of devices already available. This may include use of seat belts, closing and locking doors, fences, home security systems, motion detectors, or GPS-enabled location devices.
   e. Medical management, when appropriately prescribed by a licensed provider. **AND**
6. Behavioral methods of decreasing risk have not been successful or are not clinically indicated for specified reasons; **AND**
7. A plan of use for the stroller or wheelchair is submitted and includes all the following:
   a. The device (referring to stroller or wheelchair) must be needed in the community setting but need not be exclusively for community use. (The device cannot be exclusively used in the home, school, or in an institutional setting.)
   b. The member is never to be unattended in the device. It is not a part of a respite or break plan for caregivers, or for purposes of allowing caregiver focus to be more easily shifted from the care of the member.
   c. A maximum hours of daily use, based on anticipated activities and an assessment of the tolerance of the member; **AND**
8. The device is to be used for safety only and not for discipline, restraint, or as a substitute for supervision.

Documentation must be provided from a physical or occupational therapist, or physician/PA/NP verifying that the requested device is appropriate and necessary for the member's well-being.

Coding

The following list of codes is provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS/CPT code is inappropriate.

HCPCS	Description
	5-point harness (165).
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system
E1037	Transport chair, pediatric size

Compliance

1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual and as-needed basis.

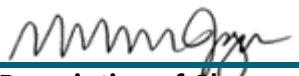
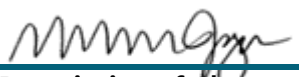
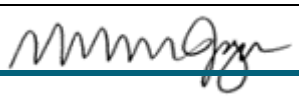
Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

References

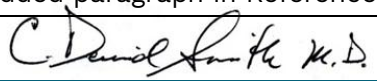
Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Criteria Change History

Change Date	Changed By	Description of Change	Version
[mm/dd/yyyy]			[#]
Signature			

Change Date	Changed By	Description of Change	Version
07/17/2026	CAC	Annual Review	7
Signature William (Bill) Jagiello, DO			
Change Date	**Changed By**	**Description of Change**	**Version**
07/18/2025	CAC	Annual Review. Updated Coding section.	6
Signature William (Bill) Jagiello, DO			
Change Date	**Changed By**	**Description of Change**	**Version**
07/19/2024	CAC	Annual review. Minor formatting change.	5
Signature William (Bill) Jagiello, DO			

Criteria Change History

Change Date	Changed By	Description of Change	Version
07/21/2023	CAC	Annual Review.	4
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Change Date	**Changed By**	**Description of Change**	**Version**
07/15/2022	CAC	Annual Review.	3
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Change Date	**Changed By**	**Description of Change**	**Version**
07/16/2021	CAC	Annual Review.	2
Signature William (Bill) Jagiello, DO			
Change Date	**Changed By**	**Description of Change**	**Version**
07/17/2015	CAC	Added paragraph in References.	1
Signature C. David Smith, MD			

CAC = Medicaid Clinical Advisory Committee