



## Gammie HomeCare

Compassionate. Knowledgeable. Solutions.

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## Wheelchair Accessories Insurance Coverage Criteria

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**1**

Prescription of Ordered Item

**2**

Patient must qualify for a wheelchair for these items to be covered through insurance

**3**

Additional clinical notes from the medical record may be needed (see requirements below)

### **Elevating Legrest**

- a) Patient cannot flex knee 90 degrees **OR**
- b) Patient has significant edema in lower extremities **OR**
- c) Patient meets criteria for reclining wheelchair

### **Seat Belt**

- a) Patient has weak upper body muscles, upper body instability, or muscle spasticity

### **Wheelchair Seat Cushion**

- a) General Use Cushion
  - a. Notation of the cushion recommendation in the clinical notes
- b) Skin Protection Cushion
  - a. Current pressure ulcer or history of pressure ulcer in an buttocks, hip, coccyx areas, **OR**
  - b. Absent or impaired sensation in the area of contact with the seating surface or the inability to perform a functional weight shift
- c) Positioning Cushion
  - a. Patient has significant postural asymmetries
- d) Combination Skin Protection and Positioning Cushion
  - a. Meet criteria of both B&C above

### **Wheelchair Back Cushion**

- a) General use Cushion

- a. Notation of the cushion recommendation in the clinical notes

### **Armrests**

- a) Adjustable height armrests can be covered if patient requires arm height that is different than the standard nonadjustable and the patient spends at least 2 hours per day in the wheelchair
- b) Arm trough can be covered if patient has quadriplegia, hemiplegia, or uncontrolled arm movements