Disparities in wheelchair procurement by payer among people with spinal cord injury.

**Objective:** To identify insurance provider-related *disparities in* the receipt of lightweight, customizable manual wheelchairs or power wheelchairs with programmable controls *among* community-dwelling *people* with *spinal cord injury* (SCI).

**Setting:** Six Spinal Cord Injury Model System centers.

**Design:** A multicenter cross-sectional study.

**Participants:** A total of 359 individuals at least 16 years of age or older and 1 year after SCI who use a manual or power *wheelchair* as their primary means of mobility. The subjects were stratified by *payer*, and payers were grouped according to reimbursement characteristics as follows: Medicaid/Department of Vocational Rehabilitation (DVR), private/prepaid, Medicare, Worker's Compensation (WC)/Veterans Affairs (VA), and self pay.

**Methods:** Demographic, *wheelchair*, and *payer* data were collected by medical record review and face-to-face interview.

**Results:** There were 125 participants in the Medicaid/DVR group, 120 in the private/prepaid group, 55 in the Medicare group, 30 in the WC/VA group, and 29 in the self-pay group. For manual *wheelchair* users, the likelihood of having a lightweight, customizable *wheelchair* was 97.5% for private/prepaid, 96.3% for Medicaid/DVR, 94.1% for WC/VA, 87.5% for Medicare, and 82.6% for self pay. For power *wheelchair* users, those with WC/VA (100%) were most likely to receive a customizable power *wheelchair* with programmable controls, followed by private/prepaid (95.1%), Medicaid/DVR (86.0%), Medicare (83.9%), and self pay (50.0%).

**Conclusions:** The only *payer* group for which all beneficiaries received wheelchairs that met standard of care were power wheelchairs provided by WC/VA. Fewer than 90% of *people* whose manual *wheelchair* was paid for by Medicare and self pay, and whose power *wheelchair* was paid for by Medicaid/DVR, Medicare, and self pay did not meet standard of care. Although these findings need to be correlated with long-term risks, such as overuse injuries, breakdowns, and participation, this study demonstrates that *disparities in wheelchair procurement* by insurance provider persist.