

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.