



MEDICAL POLICY STATEMENT

Ohio Medicaid

Policy Name & Number	Date Effective
Pediatric Medical Strollers-OH MCD-MM-1877	10/01/2026
Policy Type	
MEDICAL	

Medical Policy Statements are developed from a review of the available evidence-based, clinical information based on and supported by clinical guidelines from medical specialties, peer-reviewed medical and scientific studies, nationally recognized utilization and technology assessment guidelines, and other medical management industry standards to aid in determining the medical necessity of a service. Medically necessary services are defined in the plan-specific Evidence of Coverage, Member Handbooks, Provider Manuals, Medical Policy Statements, and/or other plan policies and procedures.

Medical Policy Statements do not guarantee an authorization or payment of services. Please refer to the plan contract (e.g., Evidence of Coverage, Member Handbook) for the service(s) referenced in the Medical Policy Statement. Except as otherwise required by law, if there is a conflict between the Medical Policy Statement and the plan contract and/or provider agreement, then the plan contract and/or provider agreement will be the controlling document. Reasonable discretion may be used in interpreting and applying this Policy Statement to services provided in a particular case, and the policy may be modified at any time. Medical Policy Statements may be superseded by federal and state laws and regulations, as applicable. In the case of a discrepancy between the Policy Statement's effective date and any applicable legal or regulatory requirement, the law or regulation will govern.

Coverage for mental health and substance use disorder (MH/SUD) benefits are provided at the same level as coverage for medical and surgical (M/S) benefits, as required by the Mental Health Parity and Addiction Equity Act (MHPAEA). MH/SUD benefits are not subject to limits or requirements that are more restrictive than those that apply to M/S benefits.

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A. Subject

Pediatric Medical Strollers-OH MCD-MM-1877

B. Background

To be eligible for coverage, pediatric medical strollers must fulfill all aspects of the definition of durable medical equipment (DME) per the OAC.

Pediatric medical strollers are primarily used as mobility aids. In some cases, these strollers may be required to ensure the safety of an ambulatory person at risk of elopement. These guidelines do not apply to delays or difficulties in achieving age-appropriate walking skills. In such cases, requests should be assessed under the relevant mobility-related criteria based on the member's mobility needs.

C. Definitions

- **Durable Medical Equipment (DME)** – Equipment and supplies ordered by a health care provider for everyday or extended use.
- **Elopement** – The tendency for an individual with little or no awareness of danger, to try to leave the safety of a responsible person's care or a safe area, which can result in potential harm or injury.

D. Policy

- I. If any of the items below do not apply, the provider must submit a detailed explanation of why the item is not applicable. **ALL** the following must be documented and met:
 - A. The member demonstrates impaired safety awareness.
 - B. The member has a history of placing self in situations of compromised safety or where such risk is foreseeable.
 - C. Caregivers are unable to adequately reduce safety risks.
 - D. The member must have outgrown commercial 5-point harness stroller specifications evidenced by documented weight $\geq$ 50 lbs.
 - E. Use of a stroller for safety during recreational activities or family outings (eg, shopping) is insufficient. The stroller must be needed to ensure safety in essential settings for health and well-being.
 1. Essential settings include the following:
 - a. medical or therapy appointments
 - b. settings required for education, employment, or the free expression of religion
 - c. transportation to the above necessary environments
 - d. other environments supported by medical documentation
 2. Documentation must support the member's medical need for use of a stroller for safety in potentially dangerous situation(s).
 - F. The needs of the member cannot be met by a less costly means, including
 1. avoidance of situations in which the member is prone to safety risks
 2. behavioral management of unsafe behaviors.
 3. manipulation of the environment to reduce risk.

4. less costly devices or more efficient use of devices already available (eg, seat belts, closing and locking doors, fences, home security systems, motion detectors, GPS-enabled location devices)
 5. medical management, when appropriately prescribed by a licensed provider
 6. unsuccessful behavioral methods for decreasing risk or not clinically indicated for specified reasons
- F. A plan for use of the stroller is submitted and includes **ALL** the following:
1. The stroller must be needed in the community setting but need not be exclusively for community use.
 2. The member is never to be unattended in the stroller, which is not a part of respite or a break plan for caregivers or for purposes of allowing caregiver focus to be more easily shifted from the care of the member.
 3. The anticipated maximum hours of daily use, based on anticipated activities and an assessment of the tolerance of the member.
- G. The stroller is to be used for safety only and not for discipline, restraint, or as a substitute for supervision.
- H. All accessories such as special push bars, knobby tires for recreation, canopies, under seat basket and hook for backpack, must be medically necessary.
- I. Documentation must show that the member has tried the requested stroller and can tolerate stroller use without significant agitation or aggression, as use in such conditions is unsafe.
- J. Documentation must be provided from a physical therapist, occupational therapist, physician, physician assistant, or nurse practitioner verifying that the requested device is appropriate and necessary for the member's well-being.

II. Pediatric Medical Strollers should be consistent with *Manual Wheelchair Bases Policy Article A52497* and have a depth of 14 inches or less.

E. Conditions of Coverage
NA

F. Related Policies/Rules
NA

G. Review/Revision History

DATE		ACTION
Date Issued	06/17/2026	New policy. Approved at Committee.
Date Revised		
Date Effective	10/01/2026	
Date Archived		

H. References

1. Centers for Disease Control and Prevention. Pediatric Medical Strollers: Criteria for Safety and Mobility Needs. Updated January 28, 2026. <https://www.cdc.gov>. Accessed June 2, 2026.

2. Centers for Medicare & Medicaid Services. Manual Wheelchair Bases - Policy Article. Medicare Coverage Database. Published 2026. Accessed June 3, 2026. <https://www.cms.gov>.
3. Durable Medical Equipment, Prostheses, Orthoses, and Supplies (DMEPOS): General Provisions, OHIO ADMIN. CODE 5160-10-01 (2026).
4. National Autism Association. Wandering Off (Elopement). Caring for Children with Autism Spectrum Disorders: A Resource Toolkit for Clinicians, 2nd Edition. Family Handouts. Published 2026. Accessed June 3, 2026. <https://nationalautismassociation.org>.

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