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Pharmacy & Medical Supplies ✓

Manual Wheelchairs

DOCUMENTATION IN MEDICAL RECORDS REQUIRED BY CMS

Documentation Requirements	Key Items to Address
Duration of patient's condition	Why does the patient require the item?
Clinical course	Do the physical examination findings support the need for the item?
Prognosis	Signs and symptoms that indicate the need for the item
Nature and extent of functional limitations	Diagnoses that are responsible for these signs and symptoms
Other therapeutic interventions and results	Other diagnoses that may relate to the need for the item

HCPCs code(s) affected include the following:

K0001: Standard wheelchair	K0004: High-strength lightweight wheelchair
K0002: Standard hemi-wheelchair	K0006: Heavy-duty wheelchair
K0003: Lightweight wheelchair	K0007: Extra-heavy duty wheelchair

Coverage Criteria

A manual wheelchair is covered for use inside the home if the following criteria are met and documented in the beneficiary's medical record:

- The beneficiary has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home. A mobility limitation is one that:
 - Prevents the beneficiary from accomplishing an MRADL entirely, or
 - Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; or
 - Prevents the beneficiary from completing an MRADL within a reasonable time frame.
- The beneficiary's mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker.
- The beneficiary's home provides adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided.
- Use of a manual wheelchair will significantly improve the beneficiary's ability to participate in MRADLs and the beneficiary will use it on a regular basis in the home.
- The beneficiary has not expressed an unwillingness to use the manual wheelchair that is provided in the home.

In addition to the forgoing, one of the following criteria must be met and documented in the beneficiary's medical record:

- The beneficiary has sufficient upper extremity function and other physical and mental capabilities needed to safely self-propel the manual wheelchair that is provided in the home during a typical day. Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function.
- The beneficiary has a caregiver who is available, willing, and able to provide assistance with the wheelchair.

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Additional Coverage Criteria for Specific Manual Wheelchairs

In addition to the above manual wheelchair criteria noted, one of the following criteria must be met and documented in the beneficiary's medical record:

- Standard hemi-wheelchair – The beneficiary requires a lower seat height because of short stature or to enable the beneficiary to place his/her feet on the ground for propulsion
- Lightweight wheelchair – The beneficiary cannot self-propel a standard wheelchair in the home, but can and does propel in a lightweight wheelchair.
- High-strength lightweight wheelchair – The beneficiary meets one of the following criteria:
 - o The beneficiary self-propels the wheelchair while engaging in frequent activities in the home that cannot be performed in a standard or lightweight wheelchair, or
 - o The beneficiary requires a seat width, depth, or height that cannot be accommodated in a standard, light weight or hemi-wheelchair, and spends at least two hours per day in the wheelchair.
 - o A high-strength lightweight wheelchair is rarely necessary if the expected duration of the need is less than three months (e.g. postoperative recovery)
- Heavy-duty wheelchair – The beneficiary weighs more than 250 pounds or the beneficiary has severe spasticity
- Extra-heavy duty wheelchair – The beneficiary weighs more than 300 pounds

HCPCS code(s) affected include the following:

E0973, K0017, K0018, K0020: Adjustable arm height option
E0990, K0046, K0047, K0053, K0195: Elevating leg rests
E2201 – E2204: Non-standard seat width and/or depth
E1226: Manual fully reclining back

E2209: Arm trough
E0974: Anti-rollback device
E0978: Safety belt/pelvic strap

Coverage Criteria

Options and accessories for wheelchairs are covered if the beneficiary has a wheelchair that meets Medicare coverage criteria and the need for the option/accessory itself is documented in the beneficiary's medical record.

- Adjustable arm height option – The beneficiary requires an arm height that is different than that available using non-adjustable arms and the beneficiary spends at least 2 hours per day in the wheelchair
- Arm trough – The beneficiary has quadriplegia, hemiplegia, or uncontrolled arm movements
- Elevating leg rests – The beneficiary has a musculoskeletal condition or the presence of a cast or brace which prevents 90 degree flexion at the knee; or
The beneficiary has a significant edema of the lower extremities that requires an elevating leg rest; or
The beneficiary meets the criteria for and has a reclining back on the wheelchair.
- Non-standard seat width and/or depth – The beneficiary's physical dimensions justify the need
- Anti-rollback device – The beneficiary self-propels and needs the device because of ramps
- Safety belt/pelvic strap – The beneficiary has weak upper body muscles, upper body instability, or muscle spasticity which requires use of this item for proper positioning.
- Manual fully reclining back – The beneficiary has one or more of the following conditions documented in the medical record:
 - o At high risk for development of a pressure ulcer and is unable to perform a functional weight shift;
 - o Utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed.

*For some items to be covered by Medicare, a written order prior to delivery (WOPD) is required.