

Wheelchair, Manual

The following documentation is required to be in clinic visit/therapy notes from the treating provider within 12 months of the prescription for consideration of payment

General Coverage Criteria

General Use Seat Cushion (E2601, E2602) and a **General Use Wheelchair Back Cushion** (E2611-E2612) is covered for a beneficiary who has a manual wheelchair or a power wheelchair with a sling/solid seat/back which meets Medicare coverage criteria. If the beneficiary does not have a covered wheelchair, then the cushion will be denied as not reasonable and necessary.

Standard Manual Wheelchair for use inside the home is covered if:

- Criteria A, B, C, D and E are met; and
- Criteria F or G is met.

A. 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:

1. Prevents the beneficiary from accomplishing an MRADL entirely, or
2. Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; or
3. Prevents the beneficiary from completing an MRADL within a reasonable time frame.

B. The beneficiary's mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker.

C. The beneficiary's home provides adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided.

D. 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.

E. The beneficiary has not expressed an unwillingness to use the manual wheelchair that is provided in the home.

F. 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,

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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.

G. The beneficiary has a caregiver who is available, willing and able to provide assistance with the wheelchair.

Hemi Height Wheelchair: A standard hemi-wheelchair (K0002) is covered when the beneficiary requires a lower seat height (17" to 18") because of short stature or to enable the beneficiary to place his/her feet on the ground for propulsion.

Lightweight Wheelchair: Need to document A-E and F or G and add below documentation for a lightweight wheelchair.

1. Cannot self-propel in a standard wheelchair in the home; and
2. The beneficiary can and does self-propel in a lightweight wheelchair.

Heavy Duty Wheelchair (K0006) is covered if the above criteria are met and the beneficiary weighs more than 250 pounds or the beneficiary has severe spasticity.

Extra Heavy Duty Wheelchair (K0007) is covered if the above criteria are met and the beneficiary weighs more than 300 pounds.

Manual Fully Reclining Back option (E1226) is covered if the above criteria are met and the beneficiary has one or more of the following conditions:

1. The beneficiary is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; or
2. The beneficiary utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed. If these criteria are not met, the manual reclining back will be denied as not reasonable and necessary.

Elevating Leg Rests are covered if:

1. The beneficiary has a musculoskeletal condition or the presence of a cast or brace which prevents 90 degree flexion at the knee; or
2. The beneficiary has significant edema of the lower extremities that requires an elevating leg rest; or
3. The beneficiary meets the criteria for and has a reclining back on the wheelchair.

FOR ALL WHEELCHAIRS:

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