

MEDICAL NECESSITY CHECKLIST FOR MANUAL WHEELCHAIRS

Documentation of the mobility evaluation must be documented in the clinician's usual medical record-keeping format. A separate letter will not meet documentation requirements. Please avoid vague or subjective descriptions such as: weakness, poor endurance, gait instability or abnormal gait, difficulty walking, SOB, pain and fatigue.

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Patient diagnosis(s) responsible for the mobility limitation. A mobility limitation is a condition(s) that significantly impairs his/her ability to participate in one or more mobility-related activities within the home.

Activities that cannot be completed without the use of the wheelchair. (example: toileting, feeding, grooming and bathing)

- Prevents patient from accomplishing an MRADL entirely
- Places the patient at heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL
- Prevents the patient from completing the MRADL within a reasonable time frame

The client's home provides adequate environment for wheelchair use.

Limitations of strength, endurance, range of motion or coordination, presence of pain or deformity. Absence of one or both upper extremities are relevant to the assessment of upper extremity function.

Can the patient use a cane or walker? If not, why?

Can the patient safely use a manual wheelchair? Is the client willing to utilize wheelchair in the home? Or the beneficiary has a caregiver who is available, willing, and able to provide assistance with wheelchair.

Transport Chair (E1037, E1038, or E1039)

Covered as an alternative to a standard manual chair (K0001)

Basic Coverage Criteria

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Standard Wheelchair (K0001)-

Basic Coverage Criteria (Above)

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The client's home provides adequate environment for wheelchair use.

Can the patient use a cane or walker? If not, why?

Can the patient safely use a manual wheelchair? Is the client willing to utilize wheelchair in the home? Or the beneficiary has a caregiver who is available, willing, and able to provide assistance with wheelchair.

Standard hemi (low seat) Wheelchair (K0002)-

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 (K0003)- Weight capacity: 250 pounds or less

Covered when the patient cannot self-propel in a standard wheelchair (seat height greater than 19") in the home and the patient can and does self-propel in a lightweight wheelchair.

High Strength Lightweight Wheelchair (K0004) **

Covered when the patient self-propels the wheelchair while engaging in frequent activities in the home that cannot be performed in a standard or lightweight wheelchair

AND

Client spends at least 2hrs per day in the wheelchair,

In addition to one of the following:

The patient requires a seat width, depth (18" or more) or height (back height 19" or higher) that cannot be accommodated in a standard (K0001-seat height greater than 19"), standard hemi-wheelchair (K0002-seat height less than 19") or lightweight wheelchair (K0003)

OR

Floor to seat height required is less than 15.5" and not available on a K0001, K0002 or K0003.

Ultra-Lightweight Wheelchair (K0005) **-

- Covered when the patient is a full-time manual wheelchair user and requires individualized fitting and adjustments for one or more features such as, axle configuration, wheel camber, or seat and back angles that cannot be accommodated by another manual wheelchair.
 - Must have a specialty evaluation performed by a LCMP such as a PT or OT and documents the medical necessity and its special features.
 - ATP needs to have direct in-person involvement with wheelchair selection.

Heavy Duty Wheelchair (K0006)-

- Covered if the patient weighs more than 250 pounds

Extra Heavy-Duty Wheelchair (K0007)-

- Covered if the patient weighs more than 300 pounds

Manual Tilt Wheelchair (E1161)-

- Covered if the patient meets the general coverage criteria for a manual wheelchair
Basic Coverage Criteria (Above)
 - Documentation of the mobility evaluation must be documented in the clinician’s usual medical record-keeping format. A separate letter will not meet documentation requirements. Please avoid vague or subjective descriptions such as: weakness, poor endurance, gait instability or abnormal gait, difficulty walking, SOB, pain and fatigue.
 - Patient diagnosis(s) responsible for the mobility limitation. A mobility limitation is a condition(s) that significantly impairs his/her ability to participate in one or more mobility-related activities within the home.
 - Activities that cannot be completed without the use of the wheelchair. (example: toileting, feeding, grooming and bathing)
 - Prevents patient from accomplishing an MRADL entirely
 - Places the patient at heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL
 - Prevents the patient from completing the MRADL within a reasonable time frame
- The client’s home provides adequate environment for wheelchair use.
Can the patient use a cane or walker? If not, why?
- Can the patient safely use a manual wheelchair? Is the client willing to utilize wheelchair in the home? Or the beneficiary has a caregiver who is available, willing, and able to provide assistance with wheelchair.
- Client had a specialty evaluation that was performed by a LCMP, such as PT or OT, that documented the medical necessity for the wheelchair and its special features.
- ATP needs to have direct in-person involvement with the wheelchair selection.
- Patients height and weight
- Standard Written Order

Pediatric Wheelchairs (E1229, E1231, E1232- E1238)- A base with a seat depth or width under 15”

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CODE	DESCRIPTION
E1037	TRANSPORT CHAIR, PEDIATRIC SIZE
E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE
E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED
E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM
E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM
E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM

**** Manual wheelchair bases (K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0008, and K0009) include construction of any type material, including but not limited to, titanium, carbon, or any other lightweight high strength material. Suppliers must not bill K0108 in addition to the base wheelchair for construction materials or for a "heavy duty package" reflecting the type of material used to construct the manual wheelchair base. Billing for construction material is considered incorrect coding – unbundling.**