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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	K0006: Heavy-duty wheelchair
K0002: Standard hemi-wheelchair	K0007: Extra-heavy duty wheelchair
K0003: Lightweight 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.
- 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:**

E0990, K0046, K0047, K0053, K0195: Elevating leg rests

E0971: Anti-tippers

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.

- 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.
- 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.

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