



3740 N. Sillect Ave Bldg 1 Suite B
Bakersfield, Ca. 93308
661.327.5500

Manual Wheelchair Coverage Criteria

The following information describes the items and documentation necessary for reimbursement from the Centers for Medicare and Medicaid Services, also known as CMS or Medicare.

Medicare Basic Coverage Criteria for any Manual Wheelchair

[Needs to meet criteria A, B, C, D, E, + F or G]

- A. Cannot participate in 1 or more mobility related activities of daily live (MRADL) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home
- B. Cannot be resolved with a cane or walker
- C. Patient's home has adequate access and maneuverability
- D. Use of chair will improve MRADLs and patient will use on a regular basis
- E. Patient has not expressed unwillingness to use chair
- F. Patient has sufficient capabilities to self-propel the chair during a typical day
- G. Patient has caregiver who is willing to assist with chair

What does the Basic Package include?

Included in the Base Allowable for **Adult** Manual Wheelchair Bases:

- Seat Width of 15" – 19"
- Seat Depth of 15" – 19"
- Armrests
 - Fixed Height
 - Fixed, swing away, or detachable
- Footrests: fixed, swing away, or detachable

Included in the Base Allowable for **Pediatric** Manual Wheelchair Bases:

- Seat Width less than or equal to 14"
- Seat Depth less than or equal to 14"
- Armrests
 - Fixed Height
 - Fixed, swing away, or detachable
- Footrests: fixed, swing away, or detachable

Medicare Codes Included in the Basic Package:

- Seat/Back: E0981, E0982
- Positioning Accessories (Including Armrests): E0995, K0015, K0017-K0019
- Footrests: K0042-K0047, K0050, K0052
- Wheels/Tires: E0967, E2205-E2206, E2210, E2220-E2222, E2224-E2226, K0069-K0072

Additional Coverage Criteria for Specific Manual Wheelchair Bases

- Standard Hemi-Chair (K0002):
 - Patient requires a lower seat height (17"-18") because:
 - Short stature, OR
 - Need to place feet on ground for propulsion.
- Lightweight Chair (K0003):
 - Patient cannot self-propel in a standard wheelchair using arms and/or legs; AND
 - Patient can and does self-propel in a lightweight wheelchair (min 2 hr/day).
- Heavy Duty (K0006)
 - Patient weighs more than 250 pounds AND has severe spasticity.
- Extra Heavy Duty Chair (K0007)
 - Patient weighs more than 300 pounds.

What are the Coding Criteria for Bases?

Code	Name	Weight (seat & back but no front riggings)	Seat Height	Weight Capacity	Other
K0001	Standard	> 36 lbs	≥ 19"	≤ 250 lbs	
K0002	Standard Hemi	> 36 lbs	≤ 19"	≤ 250 lbs	
K0003	Lightweight	34 - 36 lbs		≤ 250 lbs	
K0004	High strength/ Lightweight	< 34 lbs			Lifetime Warranty on side frames and cross braces
K0005	Ultra Lightweight	< 30 lbs			Adjustable rear axle, Lifetime Warranty on side frames and cross braces
K0006	Heavy Duty			> 250 lbs	
K0007	Extra Heavy Duty			> 300 lbs	
K0008	Custom				
K0009	Other				

*Manual Wheelchair wheels must be large enough & positioned such that the wheelchair could be propelled by the user.

Back

Limitations to Coverage

A manual fully **reclining back option** (E1226) is covered if the patient has one or more of the following conditions:

1. The patient is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; or
2. The patient utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed.

Codes

E1014	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR
E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH
E2291	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE
E2293	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARD

Cushions

Coverage Criteria for Skin Protection and Positioning Cushions

A. Prefabricated Skin Protection Seat Cushion	B. Prefabricated Positioning Seat/Back Cushion
<p>I. The patient has a manual wheelchair or a power wheelchair with a sling/solid seat/back; AND</p>	<p>I. The patient has a manual wheelchair or a power wheelchair with a sling/solid seat/back; AND</p>
<p>II. Pressure Ulcer: Current pressure ulcer (707.03, 707.04, 707.05) or Past history of a pressure ulcer (707.03, 707.04, 707.05) on the area of contact with the seating surface; OR</p>	<p>II. Postural Asymmetries (significant) due to diagnosis listed under III., OR has one of the following diagnoses:</p> <ul style="list-style-type: none"> • Monoplegia of the lower limb (344.30-344.32, 438.40-438.42) due to stroke, traumatic brain injury, or other etiology, • Spinocerebellar disease (334.0- 334.9), • AK leg amputation (897.2-897.7), • Osteogenesis Imperfecta (756.51), • Transverse Myelitis (323.82).
<p>III. Absent or impaired sensation in the area of contact with the seating surface or Inability to carry out a functional weight shift due to one of the following diagnoses:</p> <ul style="list-style-type: none"> • SCI with quadriplegia or paraplegia (344.00-344.1), • Other spinal cord disease (336.0-336.3), • MS (340), other demyelinating disease (341.0-341.9), • Cerebral Palsy (343.0-343.9), • Anterior Horn Cell diseases including ALS (335.0-335.21, 335.23-335.9), • Post Polio Paralysis (138), • TBI with quadriplegia (344.09), • Spina Bifida (741.00-741.93), • Childhood Cerebral Degeneration (330.0-330.9), • Alzheimer's disease (331.0), • Parkinson's disease (332.0), • Muscular Dystrophy (359.0, 359.1), • Hemiplegia (342.00 – 342.92, 438.20-438.22), • Huntington's Chorea (333.4), Idiopathic Torsion Dystonia (333.6), • Athetoid Cerebral Palsy (333.71). 	

OPTIONS & ACCESSORIES

Arm Trough

E2209 – Arm trough, with or without hand support, each

Coverage Criteria

An arm trough is covered if the beneficiary has quadriplegia, hemiplegia, or uncontrolled arm movements. This code includes hand support, such as a hand pad or palm extensor.

Elevating Leg Rest

K0195 - Elevating leg rests, pair (rental only, for use with capped rental wheelchair base)

E0990 - Elevating leg rest, complete assembly, each (purchase wheelchair base)

Coverage Criteria

Elevating Leg Rests are covered if the following coverage criteria are met:

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