

Manual Wheelchairs



CMS requires that for Specified Covered Items payment may only be made if a physician has communicated to the supplier a written order for the item before the delivery of the item.

For many items of DME, a physician must document that a physician, a physician assistant (PA), a nurse practitioner (NP), or a clinical nurse specialist (CNS) has had a face-to-face encounter with the beneficiary pursuant to that order. The encounter must occur during the six months prior to the written order for each item.

The patient's **medical record must contain** sufficient documentation of the patient's medical condition to substantiate the necessity for the type and quantity of items ordered and **must be signed by the ordering physician.**

Documentation Requirements

- Duration of patient's condition
- Clinical course
- Prognosis
- Nature and extent of functional limitations
- Other Therapeutic interventions and results

Key Items to Address

- Why does the patient require the item?
- Do the physical examination findings support the need for the item?
- Signs and symptoms that indicate the need for the item.
- Diagnoses that are responsible for these signs and symptoms.
- Other diagnoses that may relate to the need for the item.

Documentation Tips

- The information must not be recorded in vague and subjective terms.
- The information must provide objective measures, tests or observations.
- Each medical record is expected to be individualized to the unique patient.

Manual Wheelchairs

General Coverage Criteria

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

1. The patient has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADL). A mobility limitation is one that:
 - Prevents the patient from accomplishing an MRADL entirely
 - Places the patient at reasonably determined heighten risk of morbidity or mortality secondary to the attempts to perform an MRADL; or
 - Prevents the patient from completing an MRADL within a reasonable time frame.
2. The patient's mobility limitation cannot be sufficiently resolved by the use of a cane or walker.
3. The patient's home provides adequate access between rooms, maneuvering space, and surfaces for the use of the manual wheelchair.
4. Use of the manual wheelchair will significantly improve the patient's ability to participate in MRADLs.
5. The patient has not expressed an unwillingness to use the manual wheelchair.

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

1. The patient has sufficient upper extremity function and other physical and mental capabilities needed to safely propel the manual wheelchair.
2. The patient has a caregiver who is available, willing, and able to provide assistance with the wheelchair.

Additional Coverage Criteria for Specific Manual Wheelchairs

In addition to the general manual wheelchair criteria noted, the s criteria for each of the following specific wheelchairs must be met and documented in the patient's medical record:

- Standard hemi-wheelchair - The patient requires a lower seat height because of short stature or to enable the patient to place his/her feet on the ground for propulsion.
- Lightweight wheelchair - The patient cannot self-propel I a standard wheelchair in the home and can and does propel in a lightweight wheelchair.
- High strength lightweight wheelchair - The patient meets one of the following criteria:
 - The patient self-propels the wheelchair while engaging in frequent activities in the home that cannot be performed in a standard or lightweight wheelchair, or
 - The patient requires a seat width, depth, or height that cannot be accommodated in a standard, lightweight or hemi-wheelchair, and spends at least two hours per day in the wheelchair.
- Heavy duty wheelchair - The patient weighs more than 250 pounds or the patient has sever spasticity.
- Extra heavy duty wheelchair - The patient weighs more than 30 pounds.

Wheelchair Accessories

Wheelchair Accessories

Options and accessories for wheelchairs are covered if the patient has a wheelchair that meets Medicare coverage criteria and documentation in the patient's medical record substantiates the medical necessity for the item.

The coverage criteria for the most commonly ordered accessories are:

- Adjustable arm height option - The patient requires an arm height that is different than that available using non-adjustable arms and the patient spends at least 2 hours per day in the wheelchair.
- Arm trough- The patient has quadriplegia, hemiplegia, or uncontrolled arm movements.
- Elevating legrests - 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 has significant edema of the lower extremities that requires an elevating legrest, or the patient meets the criteria for and has a reclining back on the wheelchair.
- Non-standard seat width an/or depth - The patient's physical dimensions justify the need.
- Anti-rollback device- The patient self-propels and needs the device because of ramps.
- Safety belt/pelvic strap - The patient 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 patient has one or more of the following conditions documented in the medical record:
 - At high risk for development of a pressure ulcer and is unable to perform a functional weight shift;
 - The patient utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed.

