



Manual Wheelchairs

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A. Documentation Required:

To facilitate the authorization process, referral requests must include the following:

1. Diagnosis of disease causing impaired mobility for patients who are unable to walk and have upper extremity impairment.
2. A physical assessment completed by the primary care provider with a description of the patient's mobility limitations.
3. Report of trial of other assistive device(s) or reason why the patient is unable to use other assistive devices (cane or walker).
4. Description of how a wheelchair in the home will improve the patient's activities of daily living (ADLs) such as toileting, feeding, dressing, grooming and bathing in usual locations in the home.
5. Evaluation by an experienced physical therapist, occupational therapist, or rehabilitation medicine physician identifying the patient's mobility limitations along with the specifications for the requested wheelchair. Indications are included for requested components, specialized seating systems, weight accommodations, or any other accessories.

B. Criteria for Medical Necessity:

1. Standard, heavy duty, extra heavy duty, lightweight or pediatric manual wheelchairs are considered medically necessary for mobility-related activities of daily living when **ALL** the following criteria are met:
 - a. The evaluation by a physical therapist, occupational therapist, or rehabilitation medicine physician shows that the patient lacks the functional mobility to safely and efficiently complete activities of daily living (ADLs) in the home; **AND**
 - b. Other assistive devices (e.g., canes, walkers, manual wheelchairs) are insufficient or unsafe to completely meet functional mobility needs in the home; **AND**
 - c. The patient is willing and able to consistently operate the manual wheelchair safely **OR** a caretaker has been trained and is willing and able to assist with or operate the manual wheelchair; **AND**
 - d. The patient's home provides adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided; **AND**
 - e. Use of a manual wheelchair will significantly improve the patient's ability to participate in ADLs in the home.
2. Repairs or replacement of manual wheelchairs and/or accessories are considered medically necessary when **ANY** of the following criteria are met:
 - a. Needed for normal wear or accidental damage; **OR**

- b. Changes in the patient's condition warrant a different wheelchair, based on clinical documentation; **OR**
 - c. The replacement of a medically necessary manual wheelchair or accessories occur only when there are changes in the patient's condition or when reasonable wear and tear renders the wheelchair nonfunctioning and not repairable. Authorization will also be consistent with the patient's benefit per certificate of coverage.
3. Manual wheelchair accessories are considered medical necessary when **EITHER** of the following criteria are met:
- a. The accessories are used to improve patient safety; **OR**
 - b. The accessories are clinically indicated based on the patient's diagnosis.

NOTE: Authorization is not given for more than one wheelchair simultaneously. The least expensive alternative that is medically necessary will be approved. Rental of a manual wheelchair is considered medically necessary for short term use. Purchase is considered if a wheelchair is needed indefinitely.

C. Indications Considered Experimental, Investigational or not Medically Necessary (not an all-inclusive list):

- 1. A manual wheelchair is considered **not medically necessary** for **EITHER** of the following:
 - a. When solely intended for use outside the home; **OR**
 - b. When used as a backup in case the primary device requires repair.
- 2. Accessories for a manual wheelchair are considered **not medically necessary** when they are solely for comfort or convenience (e.g., storage devices, flags, cup holders, push handle extensions, fold down push handles or other push handle accessories).
- 3. Modifications to the structure of the home environment to accommodate the manual wheelchair (e.g., widening doors, lowering counters) are **not covered**.

REFERENCES:

CMS Pub. 100-3; *National Coverage Determination (NCD)* Chapter 1, Part 4, Section 280.3 Mobility Assistive Equipment (MAE). Implementation Date 7/5/2005.
<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=219&ncdver=2&NCAId=143&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%257CCAL%257CNCD%257CMEDCAC%257CTA%257CMCD&ArticleType=Ed%257CKey%257CSAD%257CFAQ&PolicyType=Final&s=5%257C6%257C66%257C67%257C9%257C38%257C63%257C41%257C64%257C65%257C44&Keyword=wheelchairs&KeywordLookUp=Doc&KeywordSearchType=Exact&kq=true&bc=IAAAACAAQAAA&>

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