



Manual Wheelchairs

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Policy

The Medical Management Department reviews referral requests for authorization of the rental, purchase, replacement, modification or repairs of manual wheelchairs and accessories.

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure

A. Documentation Required:

In order 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 treating provider (e.g. neurologist, rehab provider, primary care provider) with a description of the patients 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, rehabilitation medicine physician and/or Assistive Technology Professional (ATP) identifying the patient's mobility limitations along with the justifications for each particular component, including applicable HCPCS codes, 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** of the following (a – e) 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 (a – c) 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.

NOTE: Repairs or replacements apply only to the primary wheelchair and/or components that were authorized in the initial purchase. The applicable wheelchair can be identified by serial number.

- 3. Manual wheelchair accessories are considered medical necessary when either of the following (a or b) 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 Not Medically Necessary (not an all-inclusive list):

- 1. A manual wheelchair is considered **not medically necessary** for **EITHER** of the following (a or b):
 - a. When solely intended for use outside the home; **OR**
 - b. When used as a backup (e.g. duplicate mobility device or in case the primary device requires repair).
- 2. Repairs or replacements requested for components currently under warranty.
- 3. Wheelchair solely used to perform leisure or recreational activities.
- 4. Above standard or upgraded 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).

5. The following wheelchair components are considered **not medically necessary**: (Not an all-inclusive list)

HCPCs code Description of item/component

E0316	Canopies
E0961	Wheel lock brake extensions
E0971	Anti-tipping device
E0974	Anti-roll back device
E1015	Shock absorbers
E1037	Peds transport chair
E1038, E1039	Adult transport chair
E1399	Push handles
E2207	Crutch or cane holder
E2211- 2215	Flat-free inserts (zero pressure tubes): Flat free inserts have a removable ring of firm material that is placed inside of a pneumatic tire; pneumatic tires
E2300	Power seat elevation/height seat elevation
E2331	Attendant control
K0053	Articulating (telescoping) elevating leg rests
K0065	Spoke protectors
K0108	Cup holder
K0108	Gloves
K0108	Handle extensions
K0108	Identification devices (such as labels, license plates, name plates)
K0108	Lighting systems
K0108	Snow tires for wheelchair
K0108	Warning devices, such as horns and backup signals
K0108	Wheelchair tie downs and brackets
K0108	Wheelchair basket, bags, or pouches-used to hold belongings
	Clothing guards to protect clothing from dirt, mud, or water thrown up by the wheels
	Wheelchair lifts (e.g., Wheel-O-Vator, trunk loader) -- devices to assist in lifting wheelchair up stairways, into car trunks, or in vans
	Wheelchair rack for automobile (auto carrier) -- car attachment to carry wheelchair
	Wheelchair ramp -- provides access to stairways or vans (Certificate of Coverage -not a covered benefit)
	Large casters to help on carpet or uneven surfaces

6. Upgraded and specialty wheels (e.g., Spinergy) are considered **not medically necessary** because they are not required for performance of instrumental activities of daily living.

7. 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. 100-03 *National Coverage Determination (NCD)* Chapter 1, Part 4, Section 280.3 Mobility Assistive Equipment (MAE).