

## A Wheelchair is covered if: Criteria 1, 2, 3, 4, 5, 6, are met; & Criterion 6 or 7 is met

The following criteria is 6 basic things needed to qualify for a manual wheelchair:

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 (MRDAL) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home.
- PLUS** A mobility limitation is one that: Prevents the patient from accomplishing an MRADL entirely, or places the patient at reasonably determined heightened 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 an appropriately fitted cane or walker.
- PLUS**
3. The patient's home provides adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided.
- PLUS**
4. Use of a manual wheelchair will significantly improve the patient's ability to participate in MRADLs and the patient will use it on a regular basis in the home.
- PLUS**
5. The patient has not expressed an unwillingness to use the manual wheelchair that is provided in the home.
- PLUS**
6. The patient 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.
- OR** 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.
7. The patient has a caregiver who is available, willing, and able to provide assistance with the wheelchair.

If the manual wheelchair will be used inside the home and the coverage criteria are not met, it will be denied as not medically necessary. If the manual wheelchair will only be used outside the home, it will be denied as not medically necessary.

## Accessories qualifying criteria

The following criteria shows what is needed to qualify for each:

### Seat and Back Cushions - E2601 & E2611

- A general use seat cushion and a general use back cushion is covered for a patient who has a manual wheelchair which meets Medicare's coverage criteria

### Adjustable Arms - E0973

- Adjustable height arm is covered if 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.

### Elevating Legrests - E0990

- Covered if the patient has a musco-skeletal condition or the 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

### Safety Belt - E0978

- Covered if the patient has weak upper body muscles, upper body instability or muscle spasticity which requires use of this item from proper positioning.

### Miscellaneous Code

#### E0971 Anti Tippers

- Required for safety to prevent wheelchair from tipping backward resulting in user injury.

#### E0961 Wheel Lock Extensions

- Allows wheelchair user to independently operate wheel locks due to upper extremity weakness, decreased range of motion, spasticity, or hemiplegia.

#### E0951 Heel Loops

- Required to maintain wheelchair users feet safely on the footplates due to spasticity, paralysis, or another physical condition.
- Reduces injury by preventing feet from being caught in front casters
- Required to maintain proper lower extremity alignment while using the wheelchair

## K0001 and E1226

To qualify for a manual fully reclining back option (E1226), the beneficiary has one or more of the following conditions: The beneficiary is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; or the beneficiary utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed.

**Typical User:** The patient requires a seat width, depth, or height that cannot be accommodated in a standard, lightweight or hemi-wheelchair, & spend at least two hours per day in the chair

**Qualifying Wheelchair(s):** Silver Sport Full Reclining

### Silver Sport Full Reclining Qualifying Accessories:

Seat Cushions:	14880, 14887, 14881, 14907, 14908, 14909, 14888
Auto Clasp Seat Belt:	STDS850, bariatric - STDS855
Velcro Seat Belt:	STDS851, bariatric - STDS856
Anti Tippers:	STDS4Y4712
Heel Loops:	STDS831
Elevating Legrest:	LELRV-TF

