Wheelchair Requirements

- Documented Face-to Face
- Documentation (Chart notes) with related diagnoses. Must provide Narrative including specific criteria from below
- Establish a Medical History
- Detailed Written Order (DWO): Includes Beneficiary Name, Item, NPI, Signature, Date of the Order, Length of Need (LON)

Specific Criteria for Manual Wheelchair

THE FOLLOWING MUST BE NARRATED IN THE PATIENT’S CHART NOTES

- Patient medical condition limits mobility or significantly impairs mobility-related activities of daily living (Toileting, Bathing, Feeding, Dressing, Grooming, etc.)
  (IDENTIFY UNDERLYING CONDITIONS CAUSING MOBILITY LIMITATION, WHAT SPECIFIC MRADL IS IMPAIRED AND HOW)
  • Prevents patient from accomplishing MRADL entirely, OR
  • Places pt at reasonably determined heightened risk of morbidity/mortality secondary to attempts to perform an MRADL, OR
  • Prevents pt from completing MRADL within reasonable time frame

- Patient’s mobility limitation cannot be resolved with use of Cane or Walker
  (EXPLAIN WHY)

- Patient’s living space provides adequate access between rooms, maneuvering space and surface for use of WC
  (HINT: USE IN YOUR OWN WORDS)

- Use of WC will significantly improve ability to perform MRADLs and patient will use it on a regular basis in living space
  (PROVIDE SPECIFIC ACTIVITIES THAT WILL BE POSSIBLE, MUST MENTION USE IN HOME)

- Patient has not expressed unwillingness to use manual WC in home
  (PT MUST BE WILLING TO USE)

  AND

- Patient has sufficient upper extremity function/other physical or mental capabilities needed to safely self
  propel in home, daily (Limitations of strength, endurance, range of motion, coordination, presence of pain,
  deformity or absense of one/or both upper extremities are relevant to assesment of upper extremity function)
  OR

- Patient has caregiver who is available, willing and able to provide assistance with WC
  (WHO IS CAREGIVER, HOW OFTEN AVAILABLE)

LIGHTWEIGHT WHEELCHAIR: CANNOT SELF PROPEL IN STANDARD WC AND CAN/DOES SELF PROPEL IN LW CHAIR (DOES NOT APPLY IF RELIANCE ON CAREGIVER)
Hemi Height Wheelchair: Requires a lower seat height of 17” OR 18” because: short stature or need to place feet on ground
Heavy Duty: Patient weighs over 250lbs (documented weight listed in chart notes)