

Medicare Local Coverage Determination – Wheelchairs

A manual wheelchair (K0001) for use inside the home is covered if:

- Criteria A, B, C, D, and E are met; and
 - Criterion F or G is met.
- A.
- The beneficiary has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home. A mobility limitation is one that:
- a. Prevents the beneficiary from accomplishing an MRADL entirely, or
 - b. Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; or
 - c. Prevents the beneficiary from completing an MRADL within a reasonable time frame.
- B. The beneficiary's mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker.
- C. The beneficiary's home provides adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided.
- D. Use of a manual wheelchair will significantly improve the beneficiary's ability to participate in MRADLs and the beneficiary will use it on a regular basis in the home.
- E. The beneficiary has not expressed an unwillingness to use the manual wheelchair that is provided in the home.
- F. The beneficiary 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. 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.
- G. The beneficiary has a caregiver who is available, willing, and able to provide assistance with the wheelchair.

A standard hemi-wheelchair (K0002) is covered when the beneficiary requires a lower seat height (17" to 18") because of short stature or to enable the beneficiary to place his/her feet on the ground for propulsion.

A lightweight wheelchair (K0003) is covered when a beneficiary meets both criteria (1) and (2):

1. Cannot self-propel in a standard wheelchair in the home; and
2. The beneficiary can and does self-propel in a lightweight wheelchair.

A high strength lightweight wheelchair (K0004) is covered when a beneficiary meets the criteria in (1) or (2):

1. The beneficiary self-propels the wheelchair while engaging in frequent activities in the home that cannot be performed in a standard or lightweight wheelchair.
2. The beneficiary 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.

A high strength lightweight wheelchair is rarely reasonable and necessary if the expected duration of need is less than three months (e.g., post-operative recovery).

[Select the appropriate scenario for the patient's condition. Add in patient's pertinent symptom and condition.]

If none of the scenarios apply to your patient's condition, they do not meet Medicare's coverage criteria.]

[Phrases]

1. Standard Wheelchair – Completely Non-Ambulatory with Sufficient Upper Extremity Function

Due to ***** Symptom***** as a result of *****Condition*****, patient is completely non-ambulatory inside the home as well as outside of the home. As a result of non-ambulatory status, patient is therefore unable to accomplish all mobility related aids to daily living activities, such as, toileting, feeding, bathing and grooming without the assistance of a wheelchair due to *****Symptom*****. Due to the effects of *****Symptom*****, patient is completely incapable of using a cane or walker inside the home. Patient will be reliant upon a wheelchair to accomplish all mobility related aids to daily living in the home such as toileting, feeding bathing and grooming.

Patient has not expressed an unwillingness to use the wheelchair and patient has sufficient upper extremity function to safely propel a wheelchair on a daily basis in the home. The use of a wheelchair will significantly improve patient's ability to successfully participate in all MRADL's (grooming, bathing, feeding and toileting) and as a result, patient's functional mobility deficits will be resolved. The beneficiary's home provides adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided.

2. Standard Wheelchair – Significant Mobility limitations with Sufficient Upper Extremity Function

Due to ***** Symptom***** as a result of *****Condition*****, patient has significant mobility limitations inside the home as well as outside of the home. As a result of mobility limitations, patient is therefore unable to accomplish mobility related aids to daily living activities, such as, toileting, feeding, bathing and grooming without the assistance of a wheelchair due to *****Symptom*****. Due to the effects of *****Symptom*****, patient is completely incapable of using a cane or walker inside the home. Patient will be reliant upon a wheelchair to accomplish all mobility related aids to daily living in the home such as toileting, feeding bathing and grooming.

Patient has not expressed an unwillingness to use the wheelchair and patient has sufficient upper extremity function to safely propel a wheelchair on a daily basis in the home. The use of a wheelchair will significantly improve patient's ability to successfully participate in all MRADL's (grooming, bathing, feeding and toileting) and as a result, patient's functional mobility deficits will be resolved. The beneficiary's home provides adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided.

3. Standard Wheelchair – Completely Non-Ambulatory without Sufficient Upper Extremity Function

Due to ***** Symptom***** as a result of *****Condition*****, patient is completely non-ambulatory inside the home as well as outside of the home. As a result of non-ambulatory status, patient is therefore unable to accomplish all mobility related aids to daily living activities, such as, toileting, feeding, bathing and grooming without the assistance of a wheelchair due to *****Symptom*****. Due to the effects of *****Symptom*****, patient is completely incapable of using a cane or walker inside the home. Patient will be reliant upon a wheelchair to accomplish all mobility related aids to daily living in the home such as toileting, feeding bathing and grooming.

Patient has not expressed an unwillingness to use a wheelchair. Patient does not have sufficient upper extremity function to safely propel a wheelchair but has caregiver assistance who is able to assist with the wheelchair propulsion. The use of a wheelchair will significantly improve patient's ability to successfully participate in his MRADL's (grooming, bathing, feeding and toileting) and as a result, patient's functional mobility deficits will be resolved. The beneficiary's home provides adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided.

4. Standard Wheelchair – Significant Mobility limitations without Sufficient Upper Extremity Function

Due to ***** Symptom***** as a result of *****Condition*****, patient has significant mobility limitations inside the home as well as outside of the home. As a result of mobility limitations, patient is therefore unable to accomplish mobility related aids to daily living activities, such as, toileting, feeding, bathing and grooming without the assistance of a wheelchair due to *****Symptom*****. Due to the effects of *****Symptom*****, patient is completely incapable of using a cane or walker inside the home. Patient will be reliant upon a wheelchair to accomplish all mobility related aids to daily living in the home such as toileting, feeding bathing and grooming.

Patient has not expressed an unwillingness to use a wheelchair. Patient does not have sufficient upper extremity function to safely propel a wheelchair but has caregiver assistance who is able to assist with the wheelchair propulsion. The use of a wheelchair will significantly improve patient's ability to successfully

participate in his MRADL's (grooming, bathing, feeding and toileting) and as a result, patient's functional mobility deficits will be resolved. The beneficiary's home provides adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided.

5. Standard Wheelchair – Reasonable Time Restrictions

Due to ***** Symptom***** as a result of *****Condition*****, patient is completely non-ambulatory inside the home as well as outside of the home. As a result of non-ambulatory status, patient is therefore unable to accomplish all mobility related aids to daily living activities, such as, toileting, feeding, bathing and grooming in a reasonable timeframe without the assistance of a wheelchair due to *****Symptom*****. Due to the effects of *****Symptom*****, patient is completely incapable of using a cane or walker inside the home as doing so would not allow the patient to accomplish MRADLs in a reasonable timeframe. Patient will be reliant upon a wheelchair to accomplish all mobility related aids to daily living in the home such as toileting, feeding and bathing and grooming.

Patient has not expressed an unwillingness to use the wheelchair and patient has sufficient upper extremity function to safely propel a wheelchair and has caregiver assistance for use on a daily basis in the home. The use of a wheelchair will significantly improve patient's ability to successfully participate in his MRADL's (grooming, bathing, feeding and toileting) and as a result, patient's functional mobility deficits will be resolved. The beneficiary's home provides adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided.

The following phrases would need to accompany the above qualifications in order to order a Lightweight, Hemi-Height or Lightweight High Strength chair.

Lightweight Wheelchair: (criteria 1 or 2)

- 1. Patient cannot self-propel a standard weight wheelchair but can and does self-propel a lightweight wheelchair.**
- 2. Patient cannot get over thresholds with a standard weight wheelchair but can independently maneuver over them with a lightweight wheelchair.**

Low or Hemi-Height Wheelchair (Seat Ht 17" Floor to Seat)

- 1. Patient uses feet to propel wheelchair and requires seat to be 17" from floor to seat.**
- 2. Patient requires wheelchair seat height to be 17" from floor to seat due to patient's short stature < 63"**

High strength Lightweight (Super Low less than 17" Floor to Seat) (1 or 2)

1. The Patient needs a seat height less than 17 inches for foot propulsion which cannot be accommodated in a standard hemi-height wheelchair and they are in the chair at least 2 hours a day.