Manual Wheelchair

**Documentation Required**

- All Insurance payers
  - Prescription
  - Medical record notes specifying medical necessity
- Medicare
  - Written Order Prior to Delivery (WOPD), which includes all of the following elements:
    - Start Date
    - Patient Name
    - Provider Name
    - Provider’s NPI number
    - Detailed description of item(s) ordered (wheelchair type, seatbelt, etc.)
    - ICD-10 code(s)
    - Length of need
    - Provider signature with credentials
    - Provider signature date (in addition to start date of prescription)
  - Provider (MD, DO, PA-C, ANP) face to face examination notes within 6 months prior to WOPD
- Medicaid
  - Medicaid Certificate of Medical Necessity (may replace prescription form)

**Mobility-Related Activities of Daily Living (MRADLS)** — toileting, feeding, dressing, grooming, bathing, etc., in customary locations in the home.

A mobility limitation is one that:

- Prevents the beneficiary from accomplishing an MRADL entirely, or prevents the beneficiary from completing an MRADL within a reasonable time frame
- Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL

**Face to Face Examination Notes Must Document**

- Standard Manual Wheelchair
  - All the following criteria are met
    - Mobility limitations that impair specific MRADLs. Each MARDL affected must be documented
    - Limitation cannot be sufficiently resolved with a cane or walker
    - Client's home provides adequate access between rooms, maneuvering space, and surfaces for use of the wheelchair that's being prescribed.
    - Will improve the patient’s ability to participate in MRADLs
    - Client is willing to use wheelchair and will use it frequently in the home
    - Height and weight within 30 days of prescription
    - Patient is able to safely propel wheelchair themselves, or caregiver is available and willing to push client in chair
Manual Wheelchair Continued

❖ Hemi Wheelchair
  ▪ Standard Manual Wheelchair criteria met; and
    - Lower seat height required due to short stature; or
    - Patient needs to place feet on the ground for propulsion

❖ Lightweight Wheelchair
  ▪ Standard Manual Wheelchair criteria met; and
    - Unable to self-propel in standard chair
    - Able to self-propel in lightweight chair

❖ Heavy Duty Wheelchair
  ▪ Standard Manual Wheelchair criteria met; and
    - Weight > 250 lbs; or
    - Has severe spasticity

❖ Extra Heavy-Duty Wheelchair
  ▪ Standard Manual Wheelchair criteria met; and
    - Weight > 300 lbs

❖ Standard Seat Cushion
  ▪ Covered for wheelchairs as long as the beneficiary meets wheelchair criteria.