

Manual Wheelchairs

Documentation Requirements

All payors

- ★ Manual Wheelchair Prescription
- ★ May also require a Medicaid Certificate of Medical Necessity for Medicaid patients.
- ★ Medical records (see below for criteria)

Medical Record Requirements for All Wheelchairs

*	Face to	face visit with treating practitioner documenting patient's primary condition requiring the wheelchair.
		Additional notes from other clinicians can be used to support medical necessity (PT, OT, etc.) but
		cannot take the place of the treating practitioner's face to face visit.
		For Medicaid, the face-to-face visit must be within 6 months of the order.
*	Record	s must support:
		The patient has a mobility limitation that impairs their activities of daily living (MRADLs), such as
		toileting, bathing, cooking, etc.
		 For Medicare, these MRADLs must be within the home.
		 Impairment because patient cannot accomplish task at all, cannot accomplish task in a
		reasonable timeframe, or is at risk of death or injury from accomplishing task.
		The limitation cannot be resolved with a cane or walker and will be resolved with the use of the
		wheelchair.
		The patient is willing to use the wheelchair and will use it on a regular basis in the home.
		Whether the patient has the capabilities to self-propel or if they have a caregiver that is available and
		willing to provide assistance.

Hemi Wheelchairs - All Wheelchair criteria above plus:

- ★ The patient needs a lower seat height (17-18") due to short stature or
- ★ The patient self-propels by placing their feet on the ground.

Lightweight Wheelchairs - All Wheelchair criteria above plus:

- ★ The patient cannot self-propel in a standard wheelchair.
- ★ The patient can self-propel in a lightweight wheelchair.

Heavy Duty Wheelchair- All Wheelchair criteria above plus:

- ★ The patient weighs more than 250 lbs. or
- ★ The patient has severe spasticity.

Extra Heavy-Duty Wheelchair- All Wheelchair criteria above plus:

★ The patient weighs more than 300 lbs.

Accessories (must qualifying for wheelchair)

*	Elevating leg rests – one of the following:		
	☐ Musculoskeletal condition or the presence of a cast or brace that prevents 90- degree flexion at the		
	knee.		
	☐ Significant edema of the lower extremities		
	☐ Qualifies for a reclining back.		
*	Seatbelt – Requires seatbelt for proper positioning due to one of the following:		
	☐ Weak upper body muscles		
	☐ Upper body instability		
	☐ Muscle spasticity		
*	Reclining back – one of the following:		
	☐ The patient is at high risk for developing pressure ulcers and is unable to perform a functional weight shift.		
	☐ The patient uses intermittent catheterization for bladder management and is unable to independently		
	transfer from the wheelchair to the bed.		
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The content and interpretation of this information is subject to change without notice. Documentation requirements vary by payor and additional may be requested by individual payor guidelines. Medicare NCD guide link: https://med.noridianmedicare.com/web/jddme/policies/lcd/active