



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 MRADL 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.