

CLINICIAN CHECKLIST FOR CUSTOM MANUAL WHEELCHAIRS

Policy References:

- [Local Coverage Determination \(LCD\) \(L33788\)](#)
- [Policy Article \(A52497\)](#)

Documentation Reference:

- [Standard Documentation Requirements Policy Article \(A55426\)](#)

The treating clinician must complete the following items:

[Standard Written Order \(SWO\)](#)

- | | |
|---|---|
| ■ Beneficiary's name or Medicare Beneficiary Identifier (MBI) | ■ Quantity to be dispensed, if applicable |
| ■ Order Date | ■ Treating Practitioner Name or NPI |
| ■ General description of the item | ■ Treating practitioner's signature |

Medical records as noted below

Medical Documentation

All Standard Manual Wheelchair coverage criteria is met:

The beneficiary has a mobility limitation which significantly impairs their ability to participate in mobility related activities of daily living (MRADL); **and**

The mobility limitation cannot be resolved by a cane or walker; **and**

The beneficiary's home provides adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided; **and**

The MWC will significantly improve the beneficiary's ability to participate in MRADLS, and will be used on a regular basis in the home; **and**

The beneficiary has not expressed an unwillingness to use the manual wheelchair; **and**

The beneficiary has sufficient upper extremity function and other physical and mental capabilities to safely self-propel the MWC in the home on a typical day; **or**

A caregiver is available and willing to provide assistance.

The beneficiary's medical needs cannot be accommodated by a standard manual wheelchair base plus an appropriate combination of prefabricated or custom fabricated options and accessories. The unique individual needs must be document for a custom wheelchair.

The expected need for the custom manual wheelchair is more than three months.