

CLINICIAN CHECKLIST FOR LIGHTWEIGHT MANUAL WHEELCHAIRS

Policy References:

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

Documentation References:

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

The treating clinician must complete the following items:

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

Medical records as noted below

Medical Documentation

All standard manual wheelchair coverage criteria are 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.

Lightweight Wheelchair

Standard manual wheelchair coverage criteria are met; **and**

Beneficiary cannot self-propel in a standard wheelchair; **and**

Beneficiary can self-propel in a lightweight wheelchair.

High-Strength Lightweight Wheelchair

Standard manual wheelchair coverage criteria are met; **and**

Beneficiary self-propels the wheelchair while engaging in frequent activities that cannot be performed in a standard or lightweight wheelchair; **or**

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.

Ultra-Lightweight Wheelchair

Standard manual wheelchair coverage criteria are met; **and**

Beneficiary must be a full-time manual wheelchair user; **or**

Beneficiary must require individualized fitting and adjustments for one or more features such as, but not limited to, axle configuration, wheel camber, or seat and back angles, and which cannot be accommodated by a K0001 through K0004 manual wheelchair; **and**

Beneficiary requires individualized fitting and adjustments for one or more features such as, but not limited to, axle configuration which cannot be accommodated by a general standard manual wheelchair; **and**

A specialty evaluation performed by a licensed/certified medical professional (LCMP), such as a PT or OT, or a clinician who has specific training and experience in rehabilitation wheelchair evaluations, and that documents the medical necessity for the wheelchair and its special features.