

CLINICIAN CHECKLIST FOR STANDARD MANUAL WHEELCHAIR

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

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

Mobility limitation cannot be resolved by and 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**

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

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

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. Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function; **or**

Caregiver is available and willing to provide assistance.