

## **CLINICIAN CHECKLIST FOR TILT-IN-SPACE AND STANDARD HEMI 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 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 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.

### **Tilt-in-Space Wheelchair**

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.

### **Standard Hemi-Wheelchair**

Beneficiary requires a lower seat height (17" to 18") because of short stature or to enable the beneficiary to place her/his feet on the ground for propulsion.