

CLINICIAN CHECKLIST FOR TRANSPORT CHAIRS

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

The following 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 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**

A caregiver is available and willing to provide assistance; **and**

The transport chair is being used as an alternative to a standard manual wheelchair.