

Policy References: [Local Coverage Determination Manual Wheelchairs \(L33788\)](#) and [Policy Article \(A52497\)](#)

Documentation References: [Standard Documentation Requirements Policy Article \(PA\) A55426](#)

The supplier must be able to provide all of these items on request:

- [Standard Written Order \(SWO\)](#)
- [Beneficiary Authorization](#)
- [Proof of Delivery \(POD\)](#)
- [Continued Need](#)
- [Continued Use](#)
- Home Assessment
- Medical records from treating practitioner as noted below

Medical Records should contain:

Medical records supporting the beneficiary meets the following general coverage criteria outlined in the LCD:

- Criterion A is met; **and**
- Criterion B is met; **and**
- Criterion C is met; **and**
- Criterion D is met; **and**
- Criterion E is met; **and**
- Criterion F or G is met; **or**

Transport Chairs (E1037 – E1039)

- General criteria A-E and G above are met; **and**
- Transport chair is being used as an alternative to a standard MWC (K0001).
 - Description of why the beneficiary is unable to make use of a standard MWC (K0001-K0005) on their own; **and**
 - Provide specific information that the beneficiary has a caregiver who is available, willing, and able to provide assistance with the wheelchair.

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Standard Hemi-Wheelchair (K0002)

- General criteria noted above are met; **and**
- Medical records support the beneficiary requires a lower seat height (17"-18") because:
 - Short stature; **or**
 - Need to place feet on ground for propulsion.

Lightweight Wheelchair (K0003)

- General criteria noted above are met; **and**
- Medical records support the beneficiary:
 - Cannot self-propel in a standard wheelchair; **and**
 - Can and does self-propel in a lightweight wheelchair.

High Strength Lightweight Wheelchair (K0004)

- General criteria noted above are met; **and**
- Medical records support the beneficiary:
 - Self-propels the wheelchair while engaging in frequent activities that cannot be performed in a standard or lightweight wheelchair; **and/or**
 - Requires 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 (K0005)

- General criteria noted above are met; **and**
- Medical records support the beneficiary:
 - Beneficiary is a full-time MWC user; **or**
 - Beneficiary requires individualized fitting and adjustments for one or more features which cannot be accommodated by a K0001-K0004:
 - Axle configuration
 - Wheel camber
 - Seat and back angles
 - Other feature not noted; **and**
 - Beneficiary has a specialty evaluation performed by a licensed/certified medical professional (LCMP) that documents the medical necessity for the wheelchair and its special features; **and**
 - Wheelchair is provided by supplier employing a RESNA-certified ATP specializing in wheelchairs and having direct, in-person involvement in the wheelchair selection.
- Attestation statement affirming the LCMP performing the specialty assessment has no financial relationship with the supplier.

- Documentation (if requested) must include:
 - Description of beneficiary's routine activities:
 - Types of activities beneficiary frequently encounters; **and**
 - Whether the beneficiary is fully independent in the use of the wheelchair; **and**
 - Description of the features of the K0005 which are needed compared to the K0004 base.
 - Requires 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.

Heavy-Duty Wheelchair (K0006)

- General criteria noted above are met; **and**
- Medical records support the beneficiary:
 - Weighs more than 250 pounds; **or**
 - Has severe spasticity.

Extra Heavy-Duty Wheelchair (K0007)

- General criteria noted above are met; **and**
- Medical records support the beneficiary weighs more than 300 pounds.

Custom MWC Base (K0008)

- General criteria noted above are met; **and**
- Specific configuration required to address the beneficiary's physical and/or functional deficits cannot be met using one of the standard MWC bases plus an appropriate combination of wheelchair seating systems, cushions, options or accessories (prefabricated or custom fabricated), such that the individual construction of a unique individual MWC base is required.
- Documentation (if requested) must include:
 - Description of the beneficiary's unique physical and functional characteristics that require a customized MWC base; **and**
 - Detailed description of the manufacturing of the wheelchair base, including types of materials used in custom fabricating or substantially modifying it, and the construction process and labor skills required to modify it; **and**
 - The needs of the beneficiary cannot be met using another MWC base that incorporates seating modifications or other options or accessories (prefabricated and/or custom); **and**
 - Demonstration that the K0008 is so different from another wheelchair base that the two items cannot be grouped together for pricing purposes.

Wheelchair with Tilt in Space (E1161)

- General criteria noted above are met; **and**
- Beneficiary has a specialty evaluation performed by an LCMP that documents the medical necessity for the wheelchair and its special features; **and**

- Wheelchair is provided by supplier employing a RESNA-certified ATP specializing in wheelchairs and having direct, in-person involvement in the wheelchair selection.
- Attestation statement affirming the LCMP performing the specialty assessment has no financial relationship with the supplier.