

DOCUMENTATION CHECKLIST FOR MANUAL WHEELCHAIRS

Policy References:

[Local Coverage Determination \(L33788\)](#)

[Policy Article \(A52497\)](#)

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

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

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

- Beneficiary's name or Medicare Beneficiary Identifier (MBI)
- Order date
- General description of the item
- Quantity to be dispensed, if applicable
- Treating practitioner name or National Provider Identifier (NPI)
- Treating practitioner's signature

[Beneficiary Authorization](#)

[Proof of Delivery \(POD\)](#)

Method 1—Direct Delivery	Method 2—Delivery via Shipping or Delivery Service	Method 3—Delivery to Nursing Facility
<ul style="list-style-type: none"> ■ Beneficiary's name ■ Delivery address ■ A description of the item(s) being delivered ■ Quantity delivered ■ Date delivered ■ Beneficiary (or designee) signature 	<ul style="list-style-type: none"> ■ Beneficiary's name ■ Delivery address ■ Delivery service's package identification number, supplier invoice number, or alternative method that links the supplier's delivery documents with the delivery service's records ■ A description of the item(s) being delivered ■ Quantity delivered ■ Date delivered ■ Evidence of delivery 	<ul style="list-style-type: none"> ■ Documentation demonstrating delivery of the item(s) to the facility by the supplier or delivery entity; and, ■ Documentation from the nursing facility demonstrating receipt and/or usage of the item(s) by the beneficiary. The quantities delivered and used by the beneficiary must justify the quantity billed.
Date of delivery equals date of service	Shipping date or delivery date equals date of service	Date of delivery equals date of service

[Continued Need](#)

[Continued Use](#)

Home Assessment

Medical records from treating practitioner as noted below

Medical records should contain:

General Coverage Criteria

Criterion A, B, C, D, and E are met; **and**

A. The beneficiary has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home. A mobility limitation is one that:

1. Prevents the beneficiary from accomplishing an MRADL entirely; **or**
2. Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; **or**
3. Prevents the beneficiary from completing an MRADL within a reasonable time frame.

B. The beneficiary's mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker.

C. The beneficiary's home provides adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided.

D. Use of a manual wheelchair will significantly improve the beneficiary's ability to participate in MRADLs and the beneficiary will use it on a regular basis in the home.

E. The beneficiary has not expressed an unwillingness to use the manual wheelchair that is provided in the home.

Criterion F **or** G is met:

F: The beneficiary has sufficient upper extremity function and other physical and mental capabilities needed to safely self-propel the manual wheelchair that is provided in the home during 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**

G: The beneficiary has a caregiver who is available, willing, and able to provide assistance with the wheelchair.

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.

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, such as (not limited to) axel configuration, wheel camber, seat and back angles, which cannot be accommodated by a K0001-K0004; **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:

Weights 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.

Beneficiary has a specialty evaluation performed by an LCMP that documents the medical necessity for the wheelchair and its special features.

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.