



Manual Wheelchairs – Single Service

Clinical Guidelines for Medical Necessity Review

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Guideline Information:

Specialty Area: Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)
Guideline Name: Manual Wheelchairs (Single Service)

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Type: Adult (18+ yo) | Pediatric (0-17yo)

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Medical Necessity Criteria

Service: Manual Wheelchairs

General Guidelines

- **Units, Frequency, & Duration:** None
- **Criteria for Subsequent Requests:** Approval when the patient meets the medical necessity criteria below.
- **Recommended Clinical Approach¹:** Mobility devices, such as a manual wheelchair, may be required for a short-term acute disability episode or for a longer-term, chronic need. The living environment of the individual must be determined safe for maneuvering the manual wheelchair. Return to or maintaining independent function as much as possible is the expected outcome. Associated conditions that may require manual wheelchair use include stroke, multiple sclerosis, paraplegia, cerebral palsy, or rheumatoid arthritis².
- **Exclusions:** Individual is physically or mentally unable to safely self-propel a manual wheelchair or home environment is unsuitable.

Medical Necessity Criteria

Indications

- **Manual wheelchairs** are considered appropriate if **ALL** of the following are **TRUE**:
- ◆ **ALL** of the following **General Criteria** are met:
 - The wheelchair has been ordered by a licensed healthcare professional; **AND**
 - The individual has a mobility limitation with **ANY** of the following^{1,3}:
 - Unable or significantly impaired ability to participate in one or more mobility-related activities of daily living (MRADLs) (e.g., toileting, bathing, dressing, grooming, feeding) due to a muscular or neurological disorder; **OR**
 - The mobility limitation cannot be resolved with a cane or walker (appropriately fitted); **OR**

- Without the mobility device, the individual would be bed or chair-confined, or is at-risk for injury while attempting to complete MRADLs; **AND**
- ◆ **ANY** of the following is **TRUE**³⁻⁶:
 - **ANY** of the following **manual wheelchair** types:
 - A **standard manual wheelchair** (E1037, E1038, E1039, E1161, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0008, K0009) for home use is appropriate when **ANY** of the following is **TRUE**:
 - ◆ The individual possesses adequate upper extremity strength and function as well as other physical and mental abilities to safely propel the wheelchair; **OR**
 - ◆ A caregiver who is willing and able to assist the individual with the wheelchair is available; **OR**
 - A **transport chair** (E1037, E1038 or E1039) is appropriate when **ALL** of the following are **TRUE**:
 - ◆ Used as an alternative to a standard manual wheelchair; **AND**
 - ◆ A caregiver who is willing and able to assist the individual with the wheelchair is available; **OR**
 - A **standard hemi (low seat) wheelchair** (K0002) is appropriate when the individual requires a lower seat height and **ANY** of the following is **TRUE**:
 - ◆ The individual is short in stature; **OR**
 - ◆ Lower-height seating is required to enable the individual to rest feet on the ground in order to propel the wheelchair; **OR**
 - A **lightweight wheelchair** (K0003) is appropriate when **ALL** of the following are **TRUE**:
 - ◆ The individual is unable to safely self-propel a standard wheelchair; **AND**
 - ◆ The individual is able to safely self-propel a lightweight wheelchair; **OR**
 - A **high-strength, lightweight wheelchair** (K0004) is appropriate when **ALL** of the following are **TRUE**:
 - ◆ The individual meets the criteria above for a lightweight wheelchair; **AND**

- ◆ Spends at least two (2) hours per day in the wheelchair; **AND**
- ◆ A seat depth, width, or height is required that cannot be accommodated in a standard, hemi, or lightweight wheelchair; **OR**
- An **ultralightweight manual wheelchair** (K0005) is appropriate if **ALL** of the following are **TRUE**:
 - ◆ Medical necessity is documented in the individual's medical record; **AND**
 - ◆ **ANY** of the following:
 - The individual uses the wheelchair full-time; **OR**
 - Individualized fitting is required, including wheel camber, seat/back angles, or axle configuration; **OR**
- A **heavy-duty wheelchair** (K0006) is appropriate when **ANY** of the following is **TRUE**:
 - ◆ The individual has severe spasticity; **OR**
 - ◆ The individual weighs greater than 250 pounds; **OR**
- An **extra heavy-duty wheelchair** (K0007) is appropriate when the individual weighs greater than 300 pounds; **OR**
- A **pediatric-sized wheelchair** (E1229, E1231-E1238) is appropriate when the individual requires a seat width/depth of 14 inches or less; **OR**
- A **manual wheelchair with tilt-in space** (E1161) is appropriate when medical necessity is documented in the individual's medical record; **OR**
- A **custom manual wheelchair base** (K0008) is appropriate when **ALL** of the following are **TRUE**:
 - ◆ The individual's physical needs cannot be met by a standard manual wheelchair with modifications and construction of a unique manual wheelchair base is required; **AND**
 - ◆ Medical necessity is documented in the individual's medical record.

Non-Indications

→ **Manual wheelchairs** are **NOT** considered appropriate if **ANY** of the following is **TRUE**³⁻⁶:

- ◆ The request is for a backup or extra wheelchair; **OR**
- ◆ The wheelchair is requested for outdoor use only; **OR**
- ◆ A custom manual wheelchair is not considered appropriate if it is expected to be needed for less than three (3) months; **OR**
- ◆ A high-strength lightweight wheelchair is not considered appropriate if it is expected to be needed for less than three (3) months.

Level of Care Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS/CPT Code	Code Description
E1037	Transport chair, pediatric size
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds
E1039	Transport chair, adult size, heavy-duty, patient weight capacity greater than 300 pounds
E1161	Manual adult size wheelchair, includes tilt in space
E1229	Wheelchair, pediatric size, not otherwise specified
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system

E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system
K0001	Standard wheelchair
K0002	Standard hemi (low seat) wheelchair
K0003	Lightweight wheelchair
K0004	High strength, lightweight wheelchair
K0005	Ultralightweight wheelchair
K0006	Heavy-duty wheelchair
K0007	Extra heavy-duty wheelchair
K0008	Custom manual wheelchair/base
K0009	Other manual wheelchair/base

Medical Evidence

The Agency for Healthcare and Research Quality (AHRQ) (2012) published a Technical Brief related to wheelchair service delivery. With a tendency to be under- or over-prescribed, matching patients with the correct mobility device is of importance. Their recommendation includes patient evaluation, equipment selection, delivery, and training. A lack of research was found on effectiveness of recommended approaches.

Nelson and Alexander (2019) discuss the client's environment as an influence for the prescription for a wheeled device. Wheelchair skills training is essential for safe operation of the wheelchair by the individual for whom it is prescribed. They state that ultralightweight wheelchairs are preferred for independent manual propulsion. The addition of power seat functions assist in positioning, activities of daily living, transfers, and bowel and bladder management.

References

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6. Nelson L, Alexander TA. Wheeled Mobility. *Atlas of Orthoses and Assistive Devices, 5th ed*. Published online January 1, 2019:390-397.e1. doi:<https://doi.org/10.1016/b978-0-323-48323-0.00038-x>.

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