

## Medical Policy



### Transport Chair/Roll about Chair

#### ▼ Description

A transport chair (roll about) is a lightweight chair with casters five inches or greater that is used for transport by a caregiver.

#### ▼ Policy

In general, patients who qualify for these devices would be those who are not able to use a cane or walker for ambulation, who are unable to self-propel a manual wheelchair, who are unable to operate a power-operated vehicle (scooter) or power wheelchair, and who have a caregiver who is willing and able to operate the transport/roll about chair.

A Transport Chair (E1037, E1038, E1039) or Roll about Chair (E1031) is considered **reasonable and necessary** for Members meeting coverage criteria.

#### ▼ Policy Guidelines

Coverage Criteria:

1. Must be ordered by the Member's treating physician.
2. It has been prescribed in place of another item of mobility assistive equipment (MAE), such as a cane, walker, wheelchair or power wheelchair and criteria for the MAE are met.
3. The Member has a caregiver who is available, willing, and able to provide assistance with the transport/roll about chair.
4. The chair's wheels or casters are at least 5 inches in diameter.
5. The chair has been designed specifically to meet the needs of ill, injured or otherwise impaired people.

Limitations:

1. The allowance for a roll about chair (E1031) includes all options and accessories that are provided at the time of initial issue.

2. The allowance for a transport chair (E1037, E1038, E1039) includes all options and accessories that are provided at the time of initial issue except for elevating leg rests (E0990, K0195).

#### ▼ HCPCS Level II Codes and Description

E1031	Roll about chair, any and all types with casters five inches or greater
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

#### ▼ Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

**▼ References**

Centers for Medicare and Medicaid Services, National Coverage Determination Manual. 280.1 Durable Medical Equipment Reference List.  
Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents; December 2011.

National Government Services, Inc. Jurisdiction B DME MAC, Manual Wheelchair Bases. Local Coverage Determination No. L33788; revised date January 1, 2017.

National Heritage Insurance Company (NHIC), Manual Wheelchair Bases. Local Coverage Determination No. L33788. Durable Medical Equipment Medicare Administrative Carrier Jurisdiction A. Chico, CA: NHIC; revised January 1, 2017.

**Applicable URAC Standard**

Core 8	Staff operational tools and support
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**Change/Authorization History**

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:
A	11-20-06	Initial Release	Rosanne Brugnoni	Ken Fasse	n/a
01		Annual Review – no changes	Susan Glomb	Ken Fasse	Dec.2008
02	12-22-09	Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec. 2009
03	12-03-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010
04	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri	
05	12-16-11	Annual Review. Changed name of policy to Transport Chair/Roll about Chair. Removed Geriatric Chair (E1035) from Policy since it is addressed in Patient Lift Policy. Added Transport Chair Codes (E1037 – E1039). Added	Susan Glomb	Dr. B. Almasri	Dec. 2011

		References to Policy.			
06	04-04-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri	
07	12-3-12	Annual Review – No changes	Susan Glomb	Dr. B. Almasri	Dec 12
08	12-18-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri	
09	11-25-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	
10	12-02-15	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2015
11	11-22-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2016
12	11-16-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2017
13	11-16-18	Annual Review. Updated Medicare References.	Lisa Wojno	Dr. C. Lerchin	November 2018