

Medical Policy



Manual Wheelchair Bases

▼ Description

A manual wheelchair is characterized by a cross-brace frame (allows folding), built-in or removable arm rests, swing-away footrests, a mid- to high-level back, two large wheels (usually 20-26") with push rims, two small wheels in the front (castors) and push handles to allow non-occupants to propel the chair. Most standard wheelchairs require an individual to propel the wheelchair or a caregiver that is able to provide assistance with the device.

▼ Policy

Manual wheelchairs are considered **reasonable and necessary** when a Member has mobility limitations that can not be sufficiently resolved by the use of an appropriately fitted cane or walker.

▼ Policy Guidelines

GENERAL COVERAGE CRITERIA

A manual wheelchair for use inside the home (E1037 - E1039, E1161, K0001 – K0009) is covered if:

- Criteria A, B, C, D, and E are met; and
 - Criterion F or G is met.
- A. The member 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 member from accomplishing an MRADL entirely, or
 2. Places the member at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; or
 3. Prevents the member from completing an MRADL within a reasonable time frame.

- B. The member's mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker.
- C. The member'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 member's ability to participate in MRADLs and the member will use it on a regular basis in the home.
- E. The member has not expressed an unwillingness to use the manual wheelchair that is provided in the home.
- F. The member 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.
- G. The member has a caregiver who is available, willing, and able to provide assistance with the wheelchair.
- H. ***For MassHealth/MassHealth Care Plus members only;*** DME that is appropriate for use in the member's home may also be used in the community. (Manual Wheelchairs/Power Wheelchairs).

A complete manual wheelchair base includes:

- A complete frame
- Propulsion wheels
- Casters
- Brakes
- A sling seat, seat pan which can accommodate a wheelchair seat cushion, or a seat frame structured in such a way as to be capable of accepting a seating system
- A sling back, other seat back support which can accommodate a wheelchair back cushion, or a back frame structured in such a way as to be capable of accepting a back system
 - Standard leg and footrests
- Armrests
- Safety accessories (other than those separately billable in the Wheelchair Accessories Local Coverage Determination)

ADDITIONAL CRITERIA FOR SPECIFIC MANUAL WHEELCHAIRS (E1037, E1038, E1039, E1161, K0002 – K0008)

In addition to the general manual wheelchair criteria above, the specific criteria below must be met for each manual wheelchair. If the specific criteria are not met, the manual wheelchair will be denied as not reasonable and necessary.

A transport chair (E1037, E1038 or E1039) is covered as an alternative to a standard manual wheelchair (K0001) and if basic coverage criteria A-E and G above are met.

A standard hemi-wheelchair (K0002) is covered when the member requires a lower seat height (17" to 18") because of short stature or to enable the member to place his/her feet on the ground for propulsion.

A lightweight wheelchair (K0003) is covered when a member meets both criteria (1) and (2):

1. Cannot self-propel in a standard wheelchair in the home; and
2. The member can and does self-propel in a lightweight wheelchair.

A high strength lightweight wheelchair (K0004) is covered when a member meets the criteria in (1) or (2):

1. The member self-propels the wheelchair while engaging in frequent activities in the home that cannot be performed in a standard or lightweight wheelchair.
2. The member requires a 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.

A high strength lightweight wheelchair is rarely reasonable and necessary if the expected duration of need is less than three months (e.g., post-operative recovery).

An ultra lightweight manual wheelchair (K0005) is covered for a member if criteria (1) or (2) is met and (3) and (4) are met:

1. The member must be a full-time manual wheelchair user.
2. The member must require individualized fitting and adjustments for one or more features such as, but not limited to, axle configuration, wheel camber, or seat and back angles, and which cannot be accommodated by a K0001 through K0004 manual wheelchair.
3. The member must have a specialty evaluation that was performed by a licensed/certified medical professional (LCMP), such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features (see Documentation Requirements section). The LCMP may have no financial relationship with the supplier.

4. The wheelchair is provided by a Rehabilitative Technology Supplier (RTS) that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the patient.

A heavy duty wheelchair (K0006) is covered if the member weighs more than 250 pounds or the member has severe spasticity.

An extra heavy duty wheelchair (K0007) is covered if the member weighs more than 300 pounds.

A manual wheelchair with tilt in space (E1161) is covered if the member meets the general coverage criteria for a manual wheelchair above, and if criteria (1) and (2) are met:

1. The member must have a specialty evaluation that was performed by a licensed/certified medical professional (LCMP), such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features (see Documentation Requirements section). The LCMP may have no financial relationship with the supplier.
2. The wheelchair is provided by a Rehabilitative Technology Supplier (RTS) that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the patient.

A custom manual wheelchair base (K0008) is covered if, in addition to the general coverage criteria above, the specific configuration required to address the member's physical and/or functional deficits cannot be met using one of the standard manual wheelchair 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 manual wheelchair base is required.

If K0008 is used to describe a prefabricated manual wheelchair base, even one that has been modified in any fashion, the claim will be denied for incorrect coding. Refer to the CODING GUIDELINES section of the related Policy Article for additional information about correct coding of K0008.

Manual wheelchair bases (K0001 – K0009) include the titanium construction in manual wheelchairs. Suppliers billing for manual wheelchair bases must not bill HCPCS code K0108 in addition to the base wheelchair code when a wheelchair is constructed of titanium or for a "heavy duty package" reflecting titanium construction materials. Claims for HCPCS code K0108 reflecting titanium construction or "heavy duty package" comprised of titanium components, are considered to be incorrect coding - unbundling.

A custom manual wheelchair is not reasonable and necessary if the expected duration of need is less than three months (e.g., post-operative recovery).

If the manual wheelchair will be used inside the home and the coverage criteria are not met, it will be denied as not reasonable and necessary.

If the manual wheelchair base is not covered, then related accessories will be denied as not reasonable and necessary.

MISCELLANEOUS

Payment is made for only one wheelchair at a time. Backup chairs are denied as not reasonable and necessary. One month's rental for a standard manual wheelchair (K0001) is covered if a member-owned wheelchair is being repaired.

Documentation Requirements

Items in this policy may be subject to the Affordable Care Act (ACA) 6407.

The Affordable Care Act (ACA) 6407 requires that the treating physician conduct a face-to-face examination during the six month period preceding the written order. The documentation must be received by the provider prior to delivery for certain DME items. The documentation must describe a medical condition for which the DME is being prescribed.

▼ 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.

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, Medicare Coverage Database, National Coverage Documents; October 2015.

CGS Administrators, LLC. Jurisdiction B DME MAC, Manual Wheelchair Bases. Local Coverage Determination No. L33788; revised date October 1, 2015. Accessed December 2017. Reviewed December 10, 2018.

Noridian Healthcare Solutions, LLC. Jurisdiction A DME MAC, Manual Wheelchair Bases. Local Coverage Determination No. L33788; revised date October 1, 2015. Accessed December 2017

Applicable URAC Standard

Code 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	Nov.2006	Initial Release	Rosanne Brugnani	Ken Fasse	n/a
01	Jan.2007	Clarified home assessment criteria. (c) Added KX modifier	Susan Glomb	Ken Fasse	
02		Annual Review / no changes	Susan Glomb	Ken Fasse	Dec.2008
03	Oct.01,2009	Added GA and GZ modifiers to be used at a future date. Revised KX modifier with instructions on use.	Susan Glomb	Ken Fasse	

04		Annual Review/ no changes	Susan Glomb	Ken Fasse	12-22-09
05		Annual Review – No changes	Susan Glomb	Ken Fasse	12-02-10
06	01-07-11	Deleted; least costly alternative language for K0002-K0007	Susan Glomb	Ken Fasse	
07	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri	
08	11-22-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011
09	12-06-12	Annual review. Changes made to requirements for K0007 to account for appropriateness of coding.	Susan Glomb	Dr. B. Almasri	Dec. 2012
10	05-29-13	Deleted K0009 and added K0008. Custom Manual Wheelchair/Base	Susan Glomb	Dr. B. Almasri	
11	12-11-13	Annual review. Added K0008 Custom w/c base criteria and must have a lifetime warranty on side frames and crossbraces. Also added E1161 ability to tilt the frame of the wheelchair greater than or equal to 20 degrees from horizontal while maintaining the same back to seat angle.	Susan Glomb	Dr. B. Almasri	
12	12-3-14	Annual Review. Added: Items in this policy may be subject to the Affordable Care Act (ACA) 6407 requirements.	Susan Glomb	Dr. B. Almasri	
13	12-30-14	Added E0986 Manual wheelchair accessory, push-rim activated power assist system. Effective date 1-1-15	Susan Glomb	Dr. B. Almasri	
14	12-14-15	Annual review. Updated policy with Medicare policy criteria. References updated. For MassHealth/ Mass Health Care Plus members only; DME that is appropriate for use in the members home may also be used in the community. (Manual wheelchair/power wheelchair).	Susan Glomb	Dr. B. Almasri	
15	12-08-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016
16	12-20-17	Annual Review. Updated DME MAC reference names.	Lisa Wojno	Dr. Cheryl Lerchin	December 2017
17	12-10-18	Annual review. Added: Clarification of what is included in a manual wheelchair base code. Added: Clarification of titanium unbundling in manual wheelchair bases.	Carol Dimech	Dr. C. Lerchin	December 2018