

## Medical Policy



### Transport Chair/Rollabout Chair

#### Description

A transport chair or rollabout is a lightweight chair with casters five inches or greater that is used for transport by a caregiver.

#### Policy

In general, members 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/rollabout chair.

A Transport Chair (E1037, E1038, E1039) or Rollabout 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 practitioner.
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 the criteria for the MAE are met including the description why the member is unable to make use of a standard manual wheelchair (K0001, K0002, K0003, K0004, and K0005) on their own.
3. The member has a caregiver who is available, willing, and able to provide assistance with the transport/rollabout 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 rollabout 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

## Medical Policy



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|       |  |
|-------|--|
| E1031 | Rollabout chair, any and all types with casters 5” 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 practitioner in connection with diagnosis and treatment decisions.

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Northwood follows all CMS National coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

#### 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; Last accessed and reviewed 11/19/24.

CGS Administrators, LLC. Jurisdiction B DME MAC, Manual Wheelchair Bases. Local Coverage Determination No. L33788; revised date October 12, 2023. Last accessed/reviewed November 19, 2024

Noridian Healthcare Solutions, LLC. Manual Wheelchair Bases. Local Coverage Determination No. L33788. Durable Medical Equipment Medicare Administrative Carrier Jurisdiction A. Chico, CA: NHIC; revised January 1, 2020. Accessed November 15, 2021

#### Change/Authorization History

| Revision Number | Date     | Description of Change   | Prepared / Reviewed by | Approved by    | Review Date: | Effective Date: |
|-----------------|----------|---|------------------------|----------------|--------------|-----------------|
| A               | 11-20-06 | Initial Release   | Rosanne Brugnani       | 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/Rollabout Chair. | Susan Glomb            | Dr. B. Almasri | Dec. 2011    |                 |

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|----|----------|--|--------------------------|----------------|-------------------|----------|
|    |          | Removed Geriatric Chair (E1035) from Policy since it is addressed in Patient Lift Policy. Added Transport Chair Codes (E1037 – E1039). Added References to Policy. |                          |                |                   |          |
| 06 | 12-03-12 | Annual review – no changes.  | Susan Glomb              | Dr. B. Almasri | Nov. 2012         |          |
| 07 | 12-18-13 | Annual review. No changes.   | Susan Glomb              | Dr. B. Almasri |                   |          |
| 08 | 12-1-14  | Annual Review. No changes  | Susan Glomb              | Dr. B. Almasri |                   |          |
| 09 | 12-02-15 | Annual Review. No Changes.   | Lisa Wojno               | Dr. B. Almasri | December 2015     |          |
| 10 | 11-22-16 | Annual Review. No Changes.   | Lisa Wojno               | Dr. B. Almasri | November 2016     |          |
| 11 | 11-16-17 | Annual review. No changes.   | Carol Dimech             | Dr. C. Lerchin | November 2017     |          |
| 12 | 11-16-18 | Annual Review. Updated Medicare References.  | Lisa Wojno               | Dr. C. Lerchin | November 2018     |          |
| 13 | 11-13-19 | Annual Review. Updated DME MAC names.  | Lisa Wojno               | Dr. C. Lerchin | November 2019     |          |
| 14 | 11-06-20 | Annual Review. Updated ‘physician’ to ‘treating practitioner’.   | Lisa Wojno               | Dr. C. Lerchin | November 2020     |          |
| 15 | 11-15-21 | Annual Review. Added NCD/LCD verbiage to “Important Note”.   | Carol Dimech/Susan Glomb | Dr. C. Lerchin | November 15, 2021 |          |
| 16 | 11-16-22 | Annual review. Added clarification of coverage criteria.   | Carol Dimech             | Dr. C. Lerchin | 11-16-22          | 11-16-22 |

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| 17 | 11-20-23 | Annual review. No changes. | Carol Dimech             | Dr. C. Lerchin | 11-20-23 | 11-20-23 |
| 18 | 11-19-24 | Annual review. No changes  | Carol Dimech/Susan Glomb | Dr. C. Lerchin | 11-19-24 | 11-19-24 |