

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

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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 11/12/25.

CGS Administrators, LLC. Jurisdiction B DME MAC, Manual Wheelchair Bases. Local Coverage Determination No. L33788. Last accessed/reviewed November 12, 2025

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. Removed Geriatric Chair (E1035) from	Susan Glomb	Dr. B. Almasri	Dec. 2011	

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		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
17	11-20-23	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-20-23	11-20-23

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18	11-19-24	Annual review. No changes.	Carol Dimech/Susan Glomb	Dr. C. Lerchin	11-19-24	11-19-24
19	11-12-25	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-12-25	11-12-25