



## MANUAL WHEELCHAIR BASES

## REQUIRED DOCUMENTATION

**5 Element Order (5EO) obtained prior to delivery**

5 Element order contains:

Beneficiary's name

Prescribing physician/practitioner's NPI

A description of the item of DME ordered - the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number

Signature of the prescribing physician/practitioner

Order date

The 5EO must be completed within six (6) months after the required face-to-face examination

The date of the written order shall be on or before the date of delivery

Any changes or corrections have been initialed/signed and dated by the ordering practitioner.

**Detailed Written Order for any accessories that contains all of the following elements:**

Beneficiary's name;

All items, options or additional features that are separately billed or require an upgraded code. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, a HCPCS code narrative, or a brand name/model number.;

Prescribing physician/practitioner's signature (and date if applicable\*)

*\* Someone other than the physician/practitioner may complete the DWO of the item unless statute, manual instructions, the contractor's LCD or policy articles specify otherwise. However, the prescribing physician/practitioner must review the content and sign and date the document.*

The date of the order.

Any changes or corrections have been initialed/signed and dated by the prescribing practitioner.

The practitioner's signature on the written order meets **CMS Signature Requirements**

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf>

**Delivery Documentation**

Beneficiary's name

Delivery address

Quantity delivered

A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number.

Signature of the person accepting delivery (if the signature is illegible, the name of the person should be printed underneath the signature)

Relationship to beneficiary

Delivery date



**Home Assessment**

The home assessment for a manual wheelchair may be done directly by visiting the beneficiary’s home or indirectly based upon information provided by the beneficiary or their designee. When the home assessment is based upon indirectly obtained information, the supplier must, at the time of delivery, verify that the item delivered meets the requirements specified in criterion C of the LCD.

Home provides adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided.

Home assessment addresses issues such as the physical layout of the home, surfaces to be traversed and obstacles to maneuvering within the home.

Home assessment is fully documented in the medical record or elsewhere by the supplier.

**Definition of “Mobility Limitation”**

1. Prevents the beneficiary from accomplishing an MRADL entirely, or
2. Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; or
3. Prevents the beneficiary from completing an MRADL within a reasonable time frame

**Medical Records**

Medical records include documentation of a face-to-face encounter between the beneficiary and the ordering practitioner that occurred within 6 months prior to completion of the order.

The records document that all of the following basic criteria are met:

The beneficiary 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; **AND**

The mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker; **AND**

Use of a manual wheelchair will significantly improve the beneficiary’s ability to participate in MRADLs and the beneficiary will use it on a regular basis in the home; **AND**

The beneficiary has not expressed an unwillingness to use the manual wheelchair that is provided in the home; **AND**

The beneficiary 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 OR the beneficiary has a caregiver who is available, willing, and able to provide assistance with the wheelchair.

**NOTE:** 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.

Weight and/or height (if needed to support the medical necessity for the item[s] ordered)

**Claims for Transport Chairs (E1037, E1038 or E1039)**

Covered as an alternative to a standard manual wheelchair (K0001) if all basic coverage criteria are met and:

Medical records include a description of why the beneficiary is unable to make use of a standard manual wheelchair (K0001 – K0005) on their own.

Documentation provides specific information that the beneficiary has a caregiver who is available, willing and able to provide assistance with the wheelchair.



**Claims for a Standard Hemi-Wheelchair (K0002)**

The beneficiary's medical record supports that the beneficiary requires a lower seat height (17" to 18") because of:

Short Stature, OR

To enable the beneficiary to place his/her feet on the ground for propulsion.

**Claims for a Lightweight Wheelchair (K0003)**

The beneficiary's medical record supports that the beneficiary:

Cannot self-propel in a standard wheelchair in the home; AND

Can and does self-propel in a lightweight wheelchair.

**Claims for a High Strength Lightweight Wheelchair (K0004)**

The beneficiary's medical record supports that the beneficiary:

Self-propels the wheelchair while engaging in frequent activities in the home that cannot be performed in a standard or lightweight wheelchair; AND/OR

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).

**Claims for an Ultralightweight Wheelchair (K0005)**

The beneficiary is a full-time manual wheelchair user; OR

The beneficiary requires 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 these fittings/adjustments cannot be accommodated by a K0001 – K0004 manual wheelchair.

Documentation supporting the medical necessity for the K0005 includes a specialty evaluation performed by an LCMP such as a PT, OT or physician with specific training and experience in rehabilitation wheelchair evaluations.

The specialty evaluation documents the medical necessity for the wheelchair and its special features.

Description of the beneficiary's routine activities – types of activities the beneficiary frequently encounters;

Beneficiary's degree of independence in the use of the wheelchair; and

Features of the K0005 which are needed compared to a K0004 base.

The LCMP who performs the LCMP evaluation does not have a financial relationship with the supplier.

The wheelchair is provided by a Rehabilitative Technology Supplier (RTS) that employs a RESNA-certified Assistive Technology Professional (ATP) who specialized in wheelchairs.

The supplier's ATP has direct, in-person involvement in the wheelchair selection.

**Claims for a Heavy Duty Wheelchair (K0006)**

The beneficiary's medical record supports that the beneficiary:

Weighs more than 250 pounds; OR

Has severe spasticity.

**Claims for an Extra Heavy Duty Wheelchair (K0007)**

The beneficiary's medical record supports that the beneficiary weighs more than 300 pounds.

**Claims for a Custom Manual Wheelchair (K0008)**

A unique individual manual wheelchair base is required because the specific configuration required to address the beneficiary'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).

Documentation includes a description of the beneficiary's unique physical and functional characteristics that require a customized manual wheelchair base.

Documentation includes a detailed description of the manufacturing of the wheelchair base, including types of materials used in custom fabricating or substantially modifying it, and the construction process and labor skills required to modify it.

Record documents that the needs of the beneficiary cannot be met using another manual wheelchair base that incorporates seating modifications or other options or accessories (prefabricated and/or custom). The documentation must demonstrate that the K0008 is so different from another wheelchair base that the two items cannot be grouped together for pricing purposes.

The expected duration of need is three months or longer.

### Claims for a Manual Wheelchair with Tilt In Space (E1161)

A Specialty Evaluation, performed by an LCMP such as a PT, OT or physician with specific training and experience in rehabilitation wheelchair evaluations, documents the medical necessity for the wheelchair and its special features.

The LCMP who performs the LCMP evaluation does not have a financial relationship with the supplier.

The wheelchair is provided by a Rehabilitative Technology Supplier (RTS) that employs a RESNA-certified Assistive Technology Professional (ATP) who specialized in wheelchairs.

The supplier's ATP has direct, in-person involvement in the wheelchair selection.

## REMINDERS

- Manual wheelchairs described by codes E1161, E1231 – E1234, K0005, K0008, and K0009 are eligible for Advance Determination of Medicare Coverage (ADMC). Refer to the "Advance Determination of Medicare Coverage for Wheelchairs" section in Chapter Nine of the DME MAC Supplier Manual for details concerning the ADMC process.
- Items with no physician or other licensed health care provider order must be submitted with an "EY" modifier added to each affected HCPCS code.
- Suppliers **must** add a KX modifier to the code for the manual wheelchair base only if all of the coverage criteria in the Indications and Limitations of Coverage section of this policy have been met. If the coverage criteria are not met, the KX modifier **must** not be used.
- If all of the coverage criteria have not been met, the GA or GZ modifier **must** be added to the code. When there is an expectation of a medical necessity denial, suppliers **must** enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.
- If the wheelchair is only to be used for mobility outside the home, the GY modifier **must** be added to the code.
- Claim lines billed without a KX, GA, GY, or GZ modifier will be **rejected** as missing information.

## ONLINE RESOURCES

- **Manual Wheelchair Base Local Coverage Determination (LCD) and Policy Article**
  - JB: <https://www.cgsmedicare.com/jb/coverage/lcdinfo.html>
  - JC: <https://www.cgsmedicare.com/jc/coverage/LCDinfo.html>
- **DME MAC Supplier Manual**
  - JB: <https://www.cgsmedicare.com/jb/pubs/supman/index.html>
  - JC: <https://www.cgsmedicare.com/jc/pubs/supman/index.html>



**NOTE:** It is expected that the patient's medical records will reflect the need for the care provided. These records are not routinely submitted to the DME MAC but must be available upon request. Therefore, while it is not a requirement, it is a recommendation that suppliers obtain and review the appropriate medical records and maintain a copy in the beneficiary's file.

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This document was prepared as an educational tool and is not intended to grant rights or impose obligations. This checklist may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either written law or regulations. Suppliers are encouraged to consult the *DME MAC Supplier Manual* and the Local Coverage Determination/Policy Article for full and accurate details concerning policies and regulations.