

Meeting: Utilization Management Committee	Date: 4/17/2025
Title/Topic: Medical Policy – Specialized Manual Wheelchair Bases	Policy Number: n05652
Purpose: Annual Review	Outcome: Accept with changes as outlined
Line of Business: Commercial and Medicare	Effective Date: 4/17/2025

INTRODUCTION:

Includes definition of problem or opportunity. Provides background information on the topic. Describes current state. May also include prior state and/or factors that have changed. Includes operational definitions where key terms may have varied interpretation.

Mobility assistance may be required for a variety of reasons and for varying lengths of time. The etiology of the condition requiring mobility assistance may be due to a congenital cause, injury, or disease process. Some individuals may need mobility assistance on a short-term basis, while others with chronic conditions or enduring disabilities may require mobility assistance permanently. There are a variety of mobility assistive devices widely used and available. This policy addresses Network Health’s medical necessity reasons for specialized manual wheelchairs.

This medical policy provides guidance for Utilization Management Coordinator Registered Nurses (UMC-RN) regarding determinations involving the medical necessity of specialized manual wheelchair bases. This policy is due for annual review.

ACTION RECOMMENDED:

States recommendations in specific terms. Includes a summary of what should be accomplished, methods, and timetable (if applicable). Recommendations on implementation and follow-up plans may also be included.

Annual review has been conducted and the Specialized Manual Wheelchair Bases medical policy is presented for review and approval as written.

No changes were made to the intention or utilization guidance of this policy. Annual review was performed, minor grammatical changes were made, a review and update of references was conducted, and CPT/HCPCS code review for potential updates was completed.

ANALYSIS/JUSTIFICATION:

Includes information relevant to the recommended action including information used in formulation the recommendations. Information will include reference to any existing Centers for Medicare & Medicaid Services (CMS) coverage determinations as well as any existing established vendor criteria. Information may include

financial/cost data, service measures, projections or other key measures or process tools, recommendations from a clinical provider with expertise regarding the topic, and/or information from other widely used treatment guidelines or peer reviewed clinical literature.

Centers for Medicare and Medicaid Services(CMS) have both an NCD Determination for Mobility Assistive Equipment 280.3 and Local Coverage Determination for Manual Wheelchair Bases L33788. These documents provide criteria for basic wheelchair bases but do not provider criteria for additional bases such as roll about chairs or specialty strollers.

MAC Ambulatory Care Guideline 28th edition, Wheelchair, manual ACG: A-0354(AC) provide criteria for basic wheelchair bases but does not provide criteria for additional bases such as Roll about chairs or specialty strollers.

REFERENCES:

Includes detailed description regarding source(s) of information used for development of policy or recommendations via citation.

- CMS, Local Coverage Determination (LCD) for Manual Wheelchair Bases (L33788)
- CMS, National Coverage Determination for Mobility Assistive Equipment (MAE) (280.3), Implementation date 7/05/2005.
- MCG Ambulatory Care Guidelines 29th Edition, Wheelchairs, manual. ACG: A-0354 (AC)
- MCG Ambulatory Care Guidelines 29th Edition, Patient Lift or Transfer Devices (Hydraulic or Mechanical) ACG: A-0885(AC)

REVISION REASON:

Includes the date changes or updates were made and summary of changes applied.

04/17/2025 annual review, grammatical and formatting updates, references updated

Disclaimer:

Contract language as well as state and federal laws take precedence over any medical policy.

Network Health coverage documents (i.e. Certificate of Coverage, Evidence of Coverage, Summary Plan Descriptions) outline contractual terms of the applicable benefit plan for each line of business and will be considered first in determining eligibility. Not all Network Health coverage documents are the same. Coverage may differ. Our Medicare membership follows

applicable Centers for Medicare and Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD) and Local Coverage Determinations (LCD). Please refer to the CMS website at www.cms.gov.

Network Health reserves the right to review and update our medical policies on occasion as medical technologies are constantly evolving. The documentation of any brand name of a test, product and/or procedure in a medical policy is in no way an endorsement of that product; it is for reference only.

Network Health's medical policies are for guidance and not intended to prevent the judgment of the reviewing medical director(s) nor dictate to health care providers how to practice medicine.