

n05652

Specialized Manual Wheelchair Bases – Medical Policy

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC's (NHP/NHIC/NHAS) Utilization Management (UM) department, applies review guidelines for determinations involving medical necessity of Specialized Manual Wheelchairs. NHIC follows Medicare's National/Local (Wisconsin area) Coverage Determinations for its Medicare Advantage membership. This medical policy applies to NHP/NHAS commercial lines of business.

Policy Detail:

Refer to the appropriate Certificate of Coverage, Evidence of Coverage, Summary Plan Description, or Individual and Family Plan to determine eligibility and coverage because Employer Group/Plan Sponsor and government contracts may vary.

Procedure Detail:

- I. Description
 - A. 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.
- II. Medical Indications/Criteria
 - A. Network Health has established that **standard manual wheelchairs** are medically necessary when **ALL** the following criteria are met:
 1. The individual has a mobility condition, injury, or disease process that significantly impairs lower extremity function and ability to weight bear or ambulate **AND**
 2. The limitations are not safely resolved with the use of a properly fitted walker or cane **AND**
 3. The individual is willing to use a manual wheelchair **AND**
 4. The individual can self-propel and use the wheelchair safely and/or has a caregiver who is available, willing, and able to provide assistance with the wheelchair **AND**
 5. The use of a wheelchair will significantly improve ability to participate

- in ADLs and improve quality of life **AND**
6. There is suitable access within the home to maneuver the wheelchair across all surfaces and space.
- B. Network Health has established specialized manual wheelchairs and/or chair enhancements are medically necessary when the individual meets the medical necessity criteria for a standard manual wheelchair above **AND** the additional criteria for the specified enhancement:
1. **Transport Chairs/Roll about Chairs** are chairs (typically do not have the large wheels characteristic of a wheelchair) are considered medically necessary as an alternative when the criteria for a standard manual wheelchair has been met.
 2. **Standard manual hemi-wheelchairs** are considered medically necessary when the criteria for standard manual wheelchairs has been met **AND**
 - a. The individual requires a lower seat height (17-18 inches) due to short stature **OR**
 - b. The individual requires a lower seat height (17-18 inches) to be able to place their feet on the ground to propel.
 3. **Lightweight manual wheelchairs** are considered medically necessary when the criteria for standard manual wheelchairs has been met **AND**:
 - a. The individual cannot self-propel in a standard wheelchair in the home **AND**
 - b. The individual can and does self-propel in a lightweight wheelchair.
 4. **High strength lightweight manual wheelchairs** are considered medically necessary when the criteria for standard manual wheelchairs and lightweight wheelchairs above are met **AND**:
 - a. The individual spends at least two (2) hours per day in the wheelchair **AND**
 - b. The individual can self-propel the wheelchair while engaging in frequent activities within the home that cannot be performed in a standard lightweight wheelchair **AND**
 - c. The individual requires a seat width, depth or height that cannot be accommodated in a standard, lightweight or hemi-wheelchair.
 - i. Network Health considers high strength lightweight wheelchairs not medically necessary when expected duration of need is less than three (3) months.
 5. **Ultralight manual wheelchairs** are considered medically necessary when the criteria for standard manual wheelchairs and lightweight wheelchairs above are met **AND**:
 - a. The individual uses the wheelchair full-time **OR**
 - b. Individualized fittings and adjustments are required that cannot be accommodated with a standard manual wheelchair (such as axle configuration, seat and back angles) **AND**
 - c. A specialty evaluation was completed by a licensed/certified medical professional with specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the specialized wheelchair and features.
 - d. The wheelchair is provided by a rehabilitative technology supplier that employs a RESNA-certified assistive technology professional (ATP) who specializes in wheelchairs and has direct, in-person involvement with the individual during the

wheelchair selection and fitting process.

6. **Heavy duty manual wheelchairs** are considered medically necessary when the criteria for standard manual wheelchairs has been met **AND**
 - a. Individuals weigh more than 250 pounds **OR**
 - b. Individuals have documented severe spasticity
7. **Extra heavy-duty manual wheelchairs** are considered medically necessary when the criteria for standard manual wheelchairs **AND**
 - a. Individual weighs more than 300 pounds
8. **Adult or pediatric tilt in space wheelchairs** are considered medically necessary when the criteria for standard manual wheelchairs has been met **AND**
 - a. The individual spends more than two (2) hours per day in the wheelchair; **AND**
 - b. A specialty evaluation was completed by a licensed/certified medical professional with specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the specialized wheelchair and features; **AND**
 - c. The wheelchair is provided by a rehabilitative technology supplier that employs a RESNA-certified assistive technology professional (ATP) who specializes in wheelchairs and has direct, in-person involvement with the individual during the wheelchair selection and fitting process.
9. **Pediatric manual wheelchairs** are medically necessary when the standard manual wheelchair criteria are met **AND**
 - a. The individual requires a seat width and/or depth of 14 inches or less.
10. **Specialty strollers** are considered medically necessary and may be substituted for a pediatric wheelchair when all the criteria for pediatric manual wheelchair are met **AND ALL** the following:
 - a. The child is non-ambulatory; **AND**
 - b. The child requires more support than a standard manual wheelchair provides **OR**
 - c. The child is too small to safely operate a standard pediatric wheelchair.

III. Coverage

- A. NHP/NHAS may extend coverage for specialized manual wheelchairs when the criteria above are met.
- B. NHIC follows CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) for application to its Medicare Advantage membership. Please refer to the applicable CMS guideline found at www.cms.gov.
- C. Rental of a standard manual wheelchair may be covered for the duration needed for repairs to be made to a member owned manual wheelchair that meets one of the above coverage guidelines.

IV. Limitations/Exclusions

- A. Network Health considers specialized manual wheelchairs not medically necessary for any other indication not meeting the criteria outlined above. When a manual wheelchair base is not covered, all related accessories are not covered.
- B. Manual wheelchairs for exclusive use outside of the home is considered not medically necessary by Network Health.

- C. Custom manual wheelchairs are not medically necessary if the anticipated need is less than 3 months.

V. References

- A. CMS, Local Coverage Determination (LCD) for Manual Wheelchair Bases (L33788)
- B. CMS, National Coverage Determination for Mobility Assistive Equipment(MAE) (280.3), Implementation date 7/05/2005.
- C. MCG Ambulatory Care Guidelines 28th Edition, Wheelchairs, manual. ACG: A-0354 (AC)

CPT Codes

E1031	Rollabout chair with casters
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 pounds.
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 pounds.
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
K0001	Standard wheelchair
K0002	Standard hemi (low seat) wheelchair
K0003	Lightweight wheelchair
K0004	High Strength, Lightweight wheelchair
K0005	Ultralightweight wheelchair
K0006	Heavy Wheelchair
K0007	Extra Heavy-Duty wheelchair
K0008	Custom manual wheelchair/base
K0009	Other manual wheelchair/base
	*CPT codes are subject to change as codes are retired or new ones developed

Regulatory Citations:

UM2

Related Documents:

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

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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.

Origination Date: 06/20/2019	Approval Date: 04/18/2024	Next Review Date: 04/18/2025
Regulatory Body: NCQA	Approving Committee: Medical Policy Committee	Policy Entity: NHAS,NHP
Policy Owner: Tori Kirby	Department of Ownership: Utilization Management	Revision Number: 5
Revision Reason: 06/20/2019- new policy 06/17/2020 -grammar & formatting updates. Added bases to the title 06/16/2021-annual review, grammar & formatting updates. CPT codes added 06/16/2022 - annual review, grammar & formatting updates, references updated, CPT codes added (MPC approved 6/16/22) Approved by Medical Policy Committee on 06/16/2022 6/21/2023 – annual review-consent agenda, grammar and formatting updates, references updated, CPT codes updated 04/18/2023 annual review, grammar and formatting updates, references updated		

Meeting: Utilization Management Committee	Date: 4/18/2024
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: 4/18/2024

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.

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 provide 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 28th Edition, Wheelchairs, manual. ACG: A-0354 (AC)

REVISION REASON:

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

04/18/2024 annual review, grammar and formatting updates, references updated

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