INSURANCE REQUIREMENTS FOR MANUAL WHEELCHAIR

PHYSICIAN REQUIREMENTS

STANDARD WHEELCHAIRS

- ***Standard Written Order (SWO) that contains:***
  - Beneficiary's name
  - Physician's name
  - Physician's NPI number
  - Length of need
  - Diagnosis that is relevant to the need for the wheelchair
  - Specific type of manual wheelchair that is to be ordered
  - Each option/accessory that is separately billed
  - Physician's signature and date (must be dated the same day or after the face to face exam).

Chart notes or patient progress notes written by the **Physician** that document the following:

- Physician had a **Face to Face Exam** with the patient for the purpose of evaluating medical necessity for the wheelchair.

Face to face Exam instructions

- **Describe** the patients 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:
- **Describe** how the mobility limitation prevents the beneficiary from accomplishing an MRADL entirely; or
- **Describe** how the mobility deficit places patient at a reasonably determined risk secondary to the attempts to perform an MRADL; or
- **Describe** how the mobility deficit prevents the patient from completing an MRADL within a reasonable amount of time; **and**
- **Describe** why the mobility limitation cannot be sufficiently and safely resolved by use of appropriately fitted cane or walker; **and**
- **Document** that the patients home provides adequate access between rooms, maneuvering space and surfaces for use of the wheelchair that is to beprovided; **and**
- **Document** that the use of a manual wheelchair will significantly improve the beneficiary's ability to participate in MRADLs and patient will use it on a regular basis; **and**
- **Document** that the patient has not expressed an unwillingness to use the wheelchair.
- **Document** that 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**
- **Document** beneficiary has a caregiver who is available, willing and able to provide assistance with the wheelchair.

Mobility & More

Phone/Fax 704-821-7777 EXT 101

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Medicare Requirements for Manual Wheelchairs

SPECIAL WHEELCHAIRS

Lightweight wheelchair

- **Document** that the patient cannot self-propel in a standard wheelchair; **and** can and does self-propel in a lightweight wheelchair.

High strength lightweight wheelchair

- **Document** that the patient self-propels the high-strength lightweight wheelchair while engaging in frequent activities that cannot be performed in a standard or lightweight wheelchair; **and** spends at least two hours per day in the wheelchair.

Heavy-duty wheelchair

- Provide documentation that the patient weighs more than 250 pounds; **or**
- Has severe spasticity.

ACCESSORIES

Elevating leg rests

- **Document** in the chart notes why the patient needs elevating leg rests. Add elevating leg rests to the prescription.

Cushion

- **Document** in the chart notes why the patient needs a cushion .
  Cushions are recommended for all patients who use their wheelchair daily.

Please fax all forms attached including the chart notes to 704-821-7777.

If you have any questions contact Mobility & More at 704-821-7777.

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