

Manual Wheelchair

Face-to-Face Documentation Requirements

Effective July 1, 2013

- **THE PATIENT'S MEDICAL RECORD MUST CONTAIN** sufficient documentation of the patient's medical condition to substantiate the necessity for the type and quantity of items ordered.
- A Physician, Physician Assistant (PA), Nurse Practitioner (NP), or Clinical Nurse Specialist (CNS) must have a Face-to-Face evaluation with the beneficiary prior to the written DME order and document the Face-to-Face evaluation in the patient's medical records.
- **THE FACE-TO-FACE EVALUATION MUST BE SIGNED OR CO-SIGNED BY A PHYSICIAN.**
- The Face-to-Face evaluation must occur during the six months prior to the written order for each item.

A detailed written order for the item must be received before the delivery of the item can take place and must include minimally the following information:

(See Face-to-Face quick reference guide)

- | | |
|--------------------|----------------------------------|
| 1 Prescriber's NPI | 5 Signature of prescriber |
| 2 Beneficiary name | 6 Date of prescriber's Signature |
| 3 Date of order | |
| 4 DME item ordered | |

John Doe, M.D. Any Town, USA Phone: (555) 555-555		1 NPI# 1234767890
2 Name: William Smith	3 Date: 07/01/2013	
Address: 555 My Street, Any Town		DOB: 12/15/1960
Rx 4 Manual wheelchair elevating legrests safety belt/pelvic strap		
Refills: _____	5 Signature of Prescriber: <i>John Doe, M.D.</i>	
6 Signature Date: 07/01/2013	Name (Printed): John Doe, M.D.	

DOCUMENTATION IN MEDICAL RECORDS REQUIRED BY CMS

► Documentation Requirements

- Duration of patient's condition
- Clinical course
- Prognosis
- Nature and extent of functional limitations
- Other therapeutic interventions and results

► Key Items to Address

- Why does the patient require the item?
- Do the physical examination findings support the need for the item?
- Signs and symptoms that indicate the need for the item
- Diagnoses that are responsible for these signs and symptoms
- Other diagnoses that may relate to the need for the item

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▶ HCPCS code(s) affected include the following:

K0002: Standard hemi-wheelchair

K0006: Heavy-duty wheelchair

K0003: Lightweight wheelchair

K0007: Extra-heavy-duty wheelchair

K0004: High-strength lightweight wheelchair

▶ Coverage Criteria

A manual wheelchair for use inside the home is covered if the following criteria are met and documented in the patient's medical record:

- The patient has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility related activities of daily living (MRADL). A mobility limitation is one that:
 - Prevents the patient from accomplishing an MRADL entirely; **or**
 - Places the patient at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; **or**
 - Prevents the patient from completing an MRADL within a reasonable time frame.
- The patient's mobility limitation cannot be sufficiently resolved by the use of a cane or walker.
- The patient's home provides adequate access between rooms, maneuvering space, and surfaces for the use of the manual wheelchair.
- Use of the manual wheelchair will significantly improve the patient's ability to participate in MRADLs.
- The patient has not expressed an unwillingness to use the manual wheelchair.

In addition to the forgoing, one of the following criteria must be met and documented in the patient's medical record:

- The patient has sufficient upper extremity function and other physical and mental capabilities needed to safely propel the manual wheelchair.
- The patient has a caregiver who is available, willing, and able to provide assistance with the wheelchair.

▶ Additional Coverage Criteria for Specific Manual Wheelchairs

In addition to the general manual wheelchair criteria noted, one of the following criteria must be met and documented in the patient's medical record:

- Standard hemi-wheelchair - The patient requires a lower seat height because of short stature or to enable the patient to place his/her feet on the ground for propulsion.
- Lightweight wheelchair - The patient cannot self-propel a standard wheelchair in the home, but can and does propel in a lightweight wheelchair.
- High-strength lightweight wheelchair - The patient meets one of the following criteria:
 - The patient self-propels the wheelchair while engaging in frequent activities in the home that cannot be performed in a standard or lightweight wheelchair, **or**
 - The patient 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 the need is less than three months (e.g. postoperative recovery)
- Heavy-duty wheelchair - The patient weighs more than 250 pounds or the patient has severe spasticity.
- Extra-heavy-duty wheelchair - The patient weighs more than 300 pounds.

Wheelchair Accessories

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▶ HCPCS code(s) affected include the following:

E0973, K0017, K0018, K0020: Adjustable arm height option

E2209: Arm trough

E0990, K0046, K0047, K0053, K0195: Elevating leg rests

E2201 - E2204: Non-standard seat width and/or depth

E0974: Anti-rollback device

E0978: Safety belt/pelvic strap

E1226: Manual fully reclining back

▶ Coverage Criteria

Options and accessories for wheelchairs are covered if the patient has a wheelchair that meets Medicare coverage criteria and documentation in the patient's medical record substantiates the medical necessity for the item.

- **Adjustable arm height option** - The patient requires an arm height that is different than that available using non-adjustable arms and the patient spends at least 2 hours per day in the wheelchair.
- **Arm trough** - The patient has quadriplegia, hemiplegia, or uncontrolled arm movements.
- **Elevating leg rests** - The beneficiary has a musculoskeletal condition or the presence of a cast or brace which prevents 90 degree flexion at the knee; **or**
The beneficiary has significant edema of the lower extremities that requires an elevating leg rest; **or**
The beneficiary meets the criteria for and has a reclining back on the wheelchair.
- **Non-standard seat width and/or depth** - The patient's physical dimensions justify the need.
- **Anti-rollback device** - The patient self-propels and needs the device because of ramps.
- **Safety belt/pelvic strap** - The patient has weak upper body muscles, upper body instability, or muscle spasticity which requires use of this item for proper positioning.
- **Manual fully reclining back** - The patient has one or more of the following conditions documented in the medical record:
 - At high risk for development of a pressure ulcer and is unable to perform a functional weight shift;
 - Utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed.