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*****Valley Wide Service*****

Medicare Wheelchair Requirements

Standard Wheelchair (K0001)

Chart notes MUST document

1. Patient cannot complete at least 1 MRADL such as toileting, feeding, dressing, grooming, bathing entirely. **OR** Patient is determined to be at heightened risk of morbidity or mortality secondary to attempting to perform at least 1 MRADL. **OR** Patient cannot complete at least 1 MRADL within a reasonable time frame.
2. Patient mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. **AND** Patient's home provides adequate access between rooms, maneuvering space, and surfaces for use of chair that is provided (provider can document) **AND** Use of chair will significantly improve the patient's ability to participate in MRADL's and the patient will use chair on a regular basis. **AND** Patient is willing to use chair at home.
3. Patient has sufficient upper extremity function and the mental capabilities needed to safely self-propel **OR** Patient has a caregiver who is available, willing and able to provide assistance with the chair.

Standard Hemi (low seat) Wheelchair (K0002) When the patient requires a lower seat to floor height (17" to 18") because of short stature or to enable the patient to place his/her feet on the ground for propulsion.

Lightweight Wheelchair (K0003) Additional documentation required- Patient cannot self-propel standard wheelchair **AND** patient can and does self-propel in a lightweight

Additional Items requirements:-

Swingaway elevating legrest E0990 Covered if the patient has a musco-skeletal condition or the presence of a cast or brace which prevents 90 degree flexion at the knee; or the patient has significant edema of the lower extremities that requires an elevating legrest; or the patient meets the criteria for and has a reclining back on the wheelchair

Wheel Lock Extensions E0961 Allows wheelchair user to independently operate wheel locks due to upper extremity weakness, decreased range of motion, spasticity, or hemiplegia

Anti-Tippers With Wheels E0971 Required for safety to prevent wheelchair from tipping backward resulting in user injury.

Seat Belts (E0978) Covered if the patient has weak upper body muscles, upper body instability or muscle spasticity which requires use of this item from proper positioning

Front Wheel Walker Requirements

Chart notes must document

1. The beneficiary has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADL) in the home.

A mobility limitation is one that:

- a. Prevents the beneficiary from accomplishing the MRADL entirely, **or**
 - b. Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform the MRADL, **or**
 - c. Prevents the beneficiary from completing the MRADL within a reasonable time frame; **and**
2. The beneficiary is able to safely use the walker; **and**
 3. The functional mobility deficit can be sufficiently resolved with use of a walker.