



Manual Wheelchair Order and Documentation Requirements

Medicare, and other insurance providers who follow Medicare guidelines, requires that a physician, NP, CNS or PA has had a Face-to-Face (F2F) examination with the patient that documents that the patient was evaluated and/or treated for a condition that supports the need for the prescribed equipment. The date of the F2F exam may be no older than 6 months prior to the prescription date.

A Written Order Prior to Delivery (WOPD) is also required; the WOPD cannot be completed until after the F2F exam, and must be received by the supplier prior to dispensing the equipment. This order must contain:

- Patient's name
- Physician's name
- Date of the order and the start date, if start date is different from date of order
- Detailed description of the item(s)
- Ordering Practitioner's National Provider Identifier (NPI)
- Signature of ordering practitioner and signature date. Signature and date stamps are not allowed. Signatures must be legible and/or physician's name must also be printed.

Manual Wheelchair Coverage Criteria: A manual wheelchair for use *inside the home* is covered if **ALL criteria 1-5** are met, **AND either criteria A or B:**

1. The patient has a **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 the home. A mobility limitation is one that:
 - Prevents the patient from accomplishing an MRADL entirely; or
 - Places the patient at 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.
 2. The patient's mobility limitation cannot be sufficiently resolved by the **use of a cane or walker**.
 3. The patient's **home provides adequate access** between rooms, maneuvering space, and surfaces for use of the wheelchair.
 4. Use of a manual wheelchair will significantly **improve the patient's ability to participate in MRADLs** and the **patient will use it on a regular basis** in the home.
 5. The **patient has not expressed an unwillingness** to use the manual wheelchair that is provided in the home.
- A.** The patient has sufficient **upper extremity function** and other **physical and mental capabilities** needed to safely self-propel the manual wheelchair in the home during a typical day. Limitations of strength, endurance, range of motion, coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function.
- B.** The **patient has a caregiver who is available, willing, and able to provide assistance** with the wheelchair.

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- ❖ A standard hemi-wheelchair is covered when the patient requires a lower seat height (17" to 18") because of short stature or to enable the patient to place his/her feet on the ground for propulsion.
 - ❖ A lightweight wheelchair is covered for a patient who cannot self-propel in a *standard* wheelchair in the home, but can and does self-propel in a *lightweight* wheelchair.
 - ❖ A heavy duty wheelchair is covered if the patient weighs more than 250 pounds or has severe spasticity.
 - ❖ An extra heavy duty wheelchair is covered if the patient weighs more than 300 pounds.

Patient Medical Records must contain documentation of the following:

The **Face-to-Face (F2F) examination**. This can be an inpatient admit H&P, discharge note or progress note, or an outpatient chart note. All qualifying criteria 1-5 AND either A or B must be met AND DOCUMENTED in the F2F notes UNLESS;

- A **wheelchair evaluation** is done by a qualified Physical Therapist which documents the qualifying criteria. The treating physician must document that he/she has seen, and concurs with, the recommendations of the physical therapist.

Thank you for making Rice Home Medical part of your healthcare team. Please call 320-235-8434 with questions.