

MANUAL WHEELCHAIRS

A manual wheelchair is covered if:

- a. Criteria A, B, C, D, and E are met; **and**
 - b. Criterion F or G is met.
- A. 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 customary locations in the home.
 - B. The patient's mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker.
 - C. The patient's home provides adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided.
 - D. 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.
 - E. The patient has not expressed an unwillingness to use the manual wheelchair that is provided in the home.
 - F. The patient 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**
 - G. The patient has a caregiver who is available, willing, and able to provide assistance with the wheelchair

A lightweight wheelchair (K0003) is covered when a patient:

- a. Cannot self-propel in a standard wheelchair in the home; **and**
- b. The patient can and does self-propel in a lightweight wheelchair

K0006 if over 250lbs

K0007 if over 300lbs

