

Manual Wheelchair

Face-to-Face Documentation Requirements

For Any New Order On Or After 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 the items ordered.
- A **Practitioner** 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 record. A **Practitioner** is:
 - Medical Doctor
 - Doctor of Osteopathic Medicine
 - Doctor of Podiatric Medicine
 - Physician Assistant
 - Nurse Practitioner
 - Clinical Nurse Specialist
- Every item subject to Face-to-Face requirements is also subject to mandatory Specific Written Orders **prior** to delivery. A complete Specific Written Order must be received before the item may be delivered to the patient.
- The Face-to-Face Evaluation must be signed by the Prescribing Practitioner
- Medicare beneficiaries discharged from a hospital do not need to receive a separate Face-to-Face Evaluation, so long as the Prescribing Practitioner who performed the Face-to-Face encounter in the hospital issues the DME order within six months after the patient's discharge from the hospital.
- The Face-to-Face Evaluation must occur during the six months prior to the written order for each item.
- Every item subject to Face-to-Face requirements is also subject to mandatory Specific Written Orders **prior** to delivery. A complete Specific Written Order must be received before the item may be delivered to the patient.

A Written Order for the item must be received before the delivery of the item can take place. A Written Order prior to delivery has five (5) mandatory elements, also referred to as a Five Element Order (5EO).

1. Beneficiary's name
2. Item of DME ordered - this may be general – e.g., "hospital bed"– or may be more specific.
3. Signature of the prescribing practitioner and date signed
4. Prescribing practitioner's National Practitioner Identifier (NPI)
5. The date of the order

A date stamp or equivalent must be used to document the date that the order was received.

John Doe, MD
Any Town, USA
Phone:(555)555-5555
NPI# 1234567890

1 Name: William Smith Date: 07/01/2013
Address: 555 My Street Any Town, USA Start Date: 07/02/2013

Rx 2 Manual Wheelchair
elevating legrests
safety belt/pelvic strap

Refills: Signature of Prescriber: John Doe, M.D.
Signature Date: 07/01/2013 Name (Printed): John Doe, M.D. 3

Additional requirements, if applicable:

- Dosage or concentration
- Route of administration
- Frequency of use
- Duration of infusion
- Quantity to be dispensed
- Number of refills

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 Codes affected are:

K0001: Standard wheelchair
K0002: Standard hemi-wheelchair
K0003: Lightweight wheelchair
K0004: High-strength lightweight wheelchair
Other codes: E1037-E1039, E1161, E1229, E1231-E1238

K0005: Ultra lightweight wheelchair
K0006: Heavy-duty wheelchair
K0007: Extra heavy duty wheelchair
K0009: Other manual wheelchair base

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 foregoing, 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.
- Heavy-duty extra-wide—The patient's weight is more than 350 pounds but less than 600 pounds. Patients weighing more than 600 pounds would qualify for an extra-heavy-duty bed.

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:

- **Transporter chair**—Covered as an alternative to a standard manual wheelchair if Basic Coverage Criteria are met
- **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 need is less than three months
- **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.
- **Ultra-lightweight manual wheelchair**—The patient must be a full-time manual wheelchair user and requires individualized fitting and adjustments for one or more features which cannot be accommodated by a K000a-K0004 manual wheelchair