

WHEELCHAIR

The following is required from **MEDICARE**. Medicare is auditing every wheelchair billed. Currently, only 2 in 10 are being approved. As a result, we ask for Medicare's requirements prior to delivery. This is to help your success in approval for your patient and to **protect your patient** from being **responsible for the cost later**.

Wheelchair Requirements

- Documented Face-to Face
- Documentation (Chart notes) with related diagnoses. Must provide Narrative including specific criteria from below
- Establish a Medical History
- Detailed Written Order (DWO): Includes Beneficiary Name, Item, NPI, Signature, Date of the Order, Length of Need (LON)

MOBILITY-RELATED ACTIVITIES OF DAILY LIVING (MRADL) =
TOILETING, BATHING, FEEDING, DRESSING, GROOMING, ETC

Specific Criteria for Manual Wheelchair

THE FOLLOWING MUST BE NARRATED IN THE PATIENT'S CHART NOTES

- Patient medical condition limits mobility or significantly impairs mobility-related activities of daily living (Toileting, Bathing, Feeding, Dressing, Grooming, etc.)
{IDENTIFY UNDERLYING CONDITIONS CAUSING MOBILITY LIMITATION, WHAT SPECIFIC MRADL IS IMPAIRED AND HOW}
 - Prevents patient from accomplishing MRADL entirely, OR
 - {HOW:} • Places pt at reasonably determined heightened risk of morbidity/mortality secondary to attempts to perform an MRADL, OR
 - Prevents pt from completing MRADL within reasonable time frame
 - Patient's mobility limitation cannot be resolved with use of Cane or Walker {EXPLAIN WHY}
 - Patient's living space provides adequate access between rooms, maneuvering space and surface for use of WC {HINT: USE IN YOUR OWN WORDS}
 - Use of WC will significantly improve ability to perform MRADLs and patient will use it on a regular basis in living space {PROVIDE SPECIFIC ACTIVITIES THAT WILL BE POSSIBLE, MUST MENTION USE IN HOME}
 - Patient has not expressed unwillingness to use manual WC in home {PT MUST BE WILLING TO USE}
- AND
- Patient has sufficient upper extremity function/other physical or mental capabilities needed to safely self propel in home, daily (Limitations of strength, endurance, range of motion, coordination, presence of pain, deformity or absence of one/or both upper extremities are relevant to assesment of upper extremity function)
- OR
- Patient has caregiver who is available, willing and able to provide assistance with WC {WHO IS CAREGIVER, HOW OFTEN AVAILABLE}

LIGHTWEIGHT WHEELCHAIR: CANNOT SELF PROPEL IN STANDARD WC AND CAN/DOES SELF PROPEL IN LW CHAIR (DOES NOT APPLY IF RELIANCE ON CAREGIVER)
HEMI HEIGHT WHEELCHAIR: REQUIRES A LOWER SEAT HEIGHT OF 17" OR 18" BECAUSE: SHORT STATURE OR NEED TO PLACE FEET ON GROUND
HEAVY DUTY: PATIENT WEIGHS OVER 250LBS (DOCUMENTED WEIGHT LISTED IN CHART NOTES)