Manual Wheelchair Documentation Checklist

Required Documentation:

- Face-to-Face (F2F) exam within 6 months of equipment delivery
- Standard Written Order

□ Patient weighs over 300 lbs.

Gener	al Wheelchair Coverage Criteria:
	Mobility limitation significantly impacts MRADLs (toileting, dressing, bathing, etc.)
	Cane/walker insufficient for mobility needs
	Home allows for safe wheelchair use
	Manual wheelchair improves MRADLs & will be used regularly at home
	Patient is willing to use the wheelchair
	User capability:
	□ Patient has sufficient upper extremity function to self-propel
	☐ Caregiver is available, willing, & able to assist with wheelchair use
Standa	ard Hemi-Wheelchair (K0002)
	Requires lower seat height (17"-18") for short stature or foot propulsion.
Lightv	veight Wheelchair (K0003)
	Cannot self-propel in a standard chair but can in a lightweight chair
High S	Strength Lightweight Wheelchair (K0004)
	Self-propels the wheelchair while engaging in frequent activities that cannot be performed in
	standard or lightweight wheelchair *OR*
	20" seat width and 2+ hours per day of use
Ultra-	Lightweight Wheelchair (K0005)
	Patient has sufficient upper extremity function to self-propel
	Full-time wheelchair user *OR*
	Requires individualized filling and adjustments such as axle configuration, wheel camber or
	seat and back angles that cannot be accommodated by a K1-K4 chair
	Requires a physical or occupational therapy evaluation
Heavy	-Duty Wheelchair (K0006)
	Patient weighs over 250 lbs. *OR* has severe spasticity
Extra	Heavy-Duty Wheelchair (K0007)

a

All criteria must be documented in medical records for Medicare/insurance approval

