

LCD for Manual Wheelchair Bases (L11465)

Contractor Information

Contractor Name

[NHIC, Corp.](#)

Contractor Number

16003

Contractor Type

DME MAC

LCD Information

LCD ID Number

L11465

LCD Title

Manual Wheelchair Bases

Contractor's Determination Number

MWB

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CMS National Coverage Policy

CMS Pub. 100-3, Medicare National Coverage Determinations Manual, Chapter 1, Section 280.3

Primary Geographic Jurisdiction

Connecticut
District of Columbia
Delaware
Massachusetts
Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

LCD Information

Oversight Region

Region I

DME Region LCD Covers

Jurisdiction A

Original Determination Effective Date

For services performed on or after 10/01/1993

Original Determination Ending Date

Revision Effective Date

For services performed on or after 10/01/2009

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

For an item to be covered by Medicare, a written signed and dated order must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not medically necessary.

A manual wheelchair is covered if:

- a. Criteria A, B, C, D, and E are met; and
- b. Criterion F or G is met.

Additional coverage criteria for specific devices are listed below.

- 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.

A mobility limitation is one that:

1. Prevents the patient from accomplishing an MRADL entirely, or
2. Places the patient at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; or

LCD Information

3. Prevents the patient from completing an MRADL within a reasonable time frame.

- 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.

Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function.

- G. The patient has a caregiver who is available, willing, and able to provide assistance with the wheelchair.

If the manual wheelchair will be used inside the home and the coverage criteria are not met, it will be denied as not medically necessary.

If the manual wheelchair will only be used outside the home, see related Policy Article for information concerning coverage.

A standard hemi-wheelchair (K0002) 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 (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.

A high strength lightweight wheelchair (K0004) is covered when a patient meets the criteria in (1) and/or (2):

- 1. The patient self-propels the wheelchair while engaging in frequent activities in the home that cannot be performed in a standard or lightweight wheelchair.
- 2. 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.

LCD Information

A high strength lightweight wheelchair is rarely medically necessary if the expected duration of need is less than three months (e.g., post-operative recovery).

Coverage of an ultralightweight wheelchair (K0005) is determined on an individual consideration basis.

A heavy duty wheelchair (K0006) is covered if the patient weighs more than 250 pounds or the patient has severe spasticity.

An extra heavy duty wheelchair (K0007) is covered if the patient weighs more than 300 pounds.

If the additional coverage criteria for a K0002, K0003, K0004, K0006, or K0007 wheelchair are not met but the criteria for another manual wheelchair base are met, payment will be based on the allowance for the least costly medically appropriate alternative.

If a K0005 wheelchair base is determined to be not medically necessary but criteria are met for a less costly wheelchair, and if it is billed as a rental, payment will be based on the least costly alternative (K0001 - K0004). However, since K0005 is in a different payment category, if it is billed as a purchase it will be denied as not medically necessary.

Payment is made for only one wheelchair at a time. Backup chairs are denied as not medically necessary. One month's rental of a wheelchair is covered if a patient-owned wheelchair is being repaired.

Coverage Topic

Durable Medical Equipment
Wheelchairs

Coding Information

CPT/HCPCS Codes

The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS:

EY – No physician or other licensed health care provider order for this item or service

GA – Waiver of liability on file

GY – Item or service statutorily excluded or doesn't meet the definition of any Medicare benefit category

GZ – Item or service expected to be denied as not reasonable and necessary

KX – Requirements specified in the medical policy have been met

HCPCS CODES:

E1161 MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE

E1229 WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED

Coding Information

E1231 WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM

E1232 WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM

E1233 WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM

E1234 WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM

E1235 WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM

E1236 WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM

E1237 WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM

E1238 WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM

K0001 STANDARD WHEELCHAIR

K0002 STANDARD HEMI (LOW SEAT) WHEELCHAIR

K0003 LIGHTWEIGHT WHEELCHAIR

K0004 HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR

K0005 ULTRALIGHTWEIGHT WHEELCHAIR

K0006 HEAVY DUTY WHEELCHAIR

K0007 EXTRA HEAVY DUTY WHEELCHAIR

K0009 OTHER MANUAL WHEELCHAIR/BASE

ICD-9 Codes that Support Medical Necessity

Not specified.

Diagnoses that Support Medical Necessity

Not specified.

ICD-9 Codes that DO NOT Support Medical Necessity

Not specified.

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

Not specified.

General Information

Documentation Requirements

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals

General Information

and test reports. This documentation must be available upon request.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and be available upon request. Items billed before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

Documentation that the coverage criteria have been met must be present in the patient's medical record. The exception is information about whether the patient's home can accommodate the wheelchair (Criterion C), which may be documented by the supplier. For manual wheelchairs, the assessment does not need to be conducted in the patient's home. Information from the patient's medical record and the supplier must be available upon request.

Manual wheelchairs described by codes E1161, E1231-E1234, K0005 and K0009 are eligible for Advance Determination of Medicare Coverage (ADMC). Refer to the ADMC chapter in the Supplier Manual for details concerning the ADMC process.

If documentation of the medical necessity for a K0005 wheelchair is requested, it must include a description of the patient's routine activities. This may include the types of activities the patient frequently encounters and whether the patient is fully independent in the use of the wheelchair. Describe the features of the K0005 base which are needed compared to the K0004 base.

Documentation for individual consideration might include information on the patient's diagnosis, the patient's abilities and limitations as they relate to the equipment (e.g., degree of independence/dependence, frequency, and nature of the activities the patient performs, etc.), the duration of the condition, the expected prognosis, and past experience using similar equipment.

KX, GA, GY, and GZ MODIFIERS:

Suppliers must add a KX modifier to the code for the manual wheelchair base only if all of the coverage criteria in the Indications and Limitations of Coverage section of this policy have been met. If the coverage criteria are not met, the KX modifier must not be used.

If all of the coverage criteria have not been met, the GA or GZ modifier must be added to the code. When there is an expectation of a medical necessity denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.

If the wheelchair is only to be used for mobility outside the home, the GY modifier must be added to the code.

Claim lines billed without a KX, GA, GY, or GZ modifier will be rejected as missing information.

Refer to the Supplier Manual for more information on documentation requirements.

Appendices

Utilization Guidelines

Refer to Indications and Limitations of Coverage and/or Medical Necessity.

Sources of Information and Basis for Decision

General Information

Reserved for future use.

Advisory Committee Meeting Notes

Start Date of Comment Period

04/16/1993

End Date of Comment Period

05/31/1993

Start Date of Notice Period

08/01/1993

Revision History Number

WCA005

Revision History Explanation

Revision Effective Date: 10/01/2009

HCPCS CODES AND MODIFIERS:

Added: GA and GZ modifiers.

Revised: KX modifier.

DOCUMENTATION REQUIREMENTS:

Added: Instructions for use of GA and GZ modifiers.

03/01/2008 - In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) LCD L11465 from DME PSC TriCenturion (77011) LCD L11465.

06/01/2007 - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

Revision Effective Date: 01/01/2007

HCPCS CODES AND MODIFIERS:

Added: KX modifier.

DOCUMENTATION REQUIREMENTS:

Removed: References to DMERC.

Removed: References to the CMN.

Clarified: Home assessment criteria.

Added: KX modifier usage.

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this policy was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 05/05/2005 (published October 2005)

INDICATIONS AND LIMITATIONS OF COVERAGE:

Incorporated: Coverage criteria from new NCD.

General Information

HCPCS CODES AND MODIFIERS:

Added: GY modifier.

DOCUMENTATION REQUIREMENTS:

Added: Instructions for use of GY modifier.

Revised: Instructions concerning the CMN.

Added: Statement specifying what information must be in the patient's record and what may be documented by the supplier.

Removed: Instructions concerning documentation for codes K0009 and E1229.

Revision Effective Date: 04/01/2005

LMP converted to LCD and Policy Article.

HCPCS CODES AND MODIFIERS:

Added: E1229

DOCUMENTATION REQUIREMENTS:

Revised: Documentation requirements for K0005.

Added: Reference to E1229.

Revision Effective Date: 04/01/2004

CODING GUIDELINES:

Revised: Definition of codes K0001-K0007, especially seat width and depth.

Added: Definition for E1161.

Added: Definition for pediatric wheelchairs, E1231-E1238.

Revision Effective Date: 04/01/2003

HCPCS CODES AND MODIFIERS:

Added: E1161, E1231-E1238, EY modifier.

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added: Standard language concerning coverage of items without an order.

CODING GUIDELINES:

Moved: Definitions section to this section.

DOCUMENTATION REQUIREMENTS:

Added: Standard language concerning use of EY modifier for items without an order.

Added: Codes E1161 and E1231-E1234 to those eligible for Advance Determination of Medicare Coverage.

Revised: Documentation requirements for K0005 and K0009.

The revision dates listed below are the dates the revisions were published and not necessarily the effective dates for the revisions.

01/01/2002 - The revisions include changes in codes, coverage and payment rules, coding guidelines, and documentation requirements, including Advance Determination of Medicare Coverage (ADMC), which have occurred since the policies were last published.

06/01/1997 – Incorporated Indications information into Coverage and Payment Rules section. Added information for K0005 in Coverage and Payment Rules and Documentation section.

Reason for Change

Last Reviewed On Date

Related Documents

Article(s)

General Information

[A25311 - Manual Wheelchair Bases - Policy Article - Effective October 2009](#)

LCD Attachments

There are no attachments for this LCD

Article for Manual Wheelchair Bases - Policy Article - Effective October 2009 (A25311)

Contractor Information

Contractor Name

[NHIC, Corp.](#)

Contractor Number

16003

Contractor Type

DME MAC

Article Information

Article ID Number

A25311

Article Type

Article

Key Article

Yes

Article Title

Manual Wheelchair Bases - Policy Article - Effective October 2009

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Primary Geographic Jurisdiction

Connecticut
District of Columbia
Delaware
Massachusetts
Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

Article Information

DME Region Article Covers

Jurisdiction A

Original Article Effective Date

04/01/2005

Article Revision Effective Date

10/01/2009

Article Text

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES

If the manual wheelchair is only for use outside the home, it will be denied as noncovered.

Reimbursement for wheelchair codes includes all labor charges involved in the assembly of the wheelchair. Reimbursement also includes support services such as emergency services, delivery, set-up, education, and on-going assistance with use of the wheelchair.

CODING GUIDELINES

Adult manual wheelchairs (K0001-K0009, E1161) are those which have a seat width and a seat depth of 15" or greater. For codes K0001-K0009, the wheels must be large enough and positioned such that the wheelchair could be propelled by the user. In addition, specific codes are defined by the following characteristics:

Standard wheelchair (K0001)

Weight: Greater than 36 lbs.

Seat Height: 19" or greater

Weight capacity: 250 pounds or less

Standard hemi (low seat) wheelchair (K0002)

Weight: Greater than 36 lbs

Seat Height: Less than 19"

Weight capacity: 250 pounds or less

Lightweight wheelchair (K0003)

Weight: 34-36 lbs

Weight capacity: 250 pounds or less

High strength, lightweight wheelchair (K0004)

Weight: Less than 34 lbs

Lifetime Warranty on side frames and crossbraces

Ultralightweight wheelchair (K0005)

Weight: Less than 30 lbs

Adjustable rear axle position

Lifetime Warranty on side frames and crossbraces

Heavy duty wheelchair (K0006)

Weight capacity: Greater than 250 pounds

Extra heavy duty wheelchair (K0007)

Weight capacity: Greater than 300 pounds

Article Information

Adult tilt-in-space wheelchair (E1161)

Ability to tilt the frame of the wheelchair greater than or equal to 45 degrees from horizontal while maintaining the same back to seat angle.

Lifetime Warranty: On side frames and crossbraces

Wheelchair "poundage" (lbs.) represents the weight of the usual configuration of the wheelchair with a seat and back but without frontriggings.

The following features are included in the allowance for all adult manual wheelchairs:

Seat Width: 15" - 19"

Seat Depth: 15" – 19"

Arm Style: Fixed, swingaway, or detachable; fixed height

Footrests: Fixed, swingaway, or detachable

Codes K0003-K0007 and E1161 include any seat height.

Refer to the medical policy on Wheelchair Options and Accessories for information on other features included in the allowance for the wheelchair base.

A manual wheelchair with a seat width and/or depth of 14" or less is considered a pediatric size wheelchair and is billed with codes E1231-E1238 or E1229.

Codes E1050-E1060, E1070–E1160, E1170-E1200, E1220-E1224, E1240-E1295 should only be used to bill for maintenance and service for an item for which the initial claim was paid by the local carrier prior to transition to the DMERC.

Wheelchairs with individualized features which meet the needs of a particular patient are billed by selecting the correct code for the wheelchair base and then using appropriate codes for wheelchair options and accessories. (Refer to the Wheelchair Options and Accessories policy.) If the frame of the wheelchair is modified in a unique way to accommodate the patient, bill the code for the wheelchair base and bill the modification with code K0108 (wheelchair component or accessory, not otherwise specified).

Suppliers should contact the Pricing, Data Analysis and Coding (PDAC) Contractor for guidance on the correct coding of these items.

Coverage Topic

Durable Medical Equipment

Wheelchairs

Coding Information

No Coding Information has been entered in this section of the article.

Other Information

Revision History Explanation

Revision Effective Date: 10/01/2009

CODING GUIDELINES:

Deleted: E1161 from range of codes E1070-E1200.

Changed: SADMERC to PDAC.

Other Information

03/01/2008 - In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) Article A25311 from DME PSC TriCenturion (77011) Article A25311.

06/01/2007 - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this article was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 05/05/2005 (published October 2005)

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

Added: Noncoverage statement for use outside the home.

Revision Effective Date: 04/01/2005

LMRP converted to LCD and Policy Article.

CODING GUIDELINES:

Added: Wheel size requirement to definition of K0001-K0009.

Added: E1229 to list of pediatric wheelchairs.

Related Documents

LCD(s)

[L11465 - Manual Wheelchair Bases](#)