# LCD for Manual Wheelchair Bases (L11465)

## Contractor Information

<table>
<thead>
<tr>
<th>Contractor Name</th>
<th>TriCenturion</th>
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</thead>
<tbody>
<tr>
<td>Contractor Number</td>
<td>77011</td>
</tr>
<tr>
<td>Contractor Type</td>
<td>DME PSC</td>
</tr>
</tbody>
</table>

**DME MAC/DMERC this DME PSC is affiliated with**

AdminaStar Federal, Inc (Region B), National Heritage Insurance Company (Region A)

## LCD Information

<table>
<thead>
<tr>
<th>LCD ID Number</th>
<th>L11465</th>
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<tr>
<td>LCD Title</td>
<td>Manual Wheelchair Bases</td>
</tr>
<tr>
<td>Contractor's Determination Number</td>
<td>WCA20070101</td>
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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
- Illinois
- Indiana
- Kentucky
- Massachusetts
- Maryland
- Maine
- Michigan
- Minnesota
- New Hampshire
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
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.

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
- GY – Item or service statutorily excluded or doesn’t meet the definition of any Medicare benefit category
- KX – Specific required documentation on file

**HCPCS CODES:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>E1161</td>
<td>MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE</td>
</tr>
<tr>
<td>E1229</td>
<td>WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED</td>
</tr>
<tr>
<td>E1231</td>
<td>WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM</td>
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<tr>
<td>E1232</td>
<td>WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM</td>
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<td>E1233</td>
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<td>E1234</td>
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<td>E1235</td>
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<td>E1236</td>
<td>WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM</td>
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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.

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**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 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.

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

Effective For claims with dates of service on or after 05/01/2007, 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.

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.

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
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
WCA006
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.
HCPCS CODES AND MODIFIERS:
Added: GY
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
LMRP 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: Revises the definition of codes K0001-K0007, especially seat width and depth.
Adds a definition for E1161
Adds a definition for pediatric wheelchairs, E1231-E1238

Revision effective date: 04/01/2003
HCPCS CODES AND MODIFIERS:
Added: E1161, E1231-E1238, EY
INDICATIONS AND LIMITATIONS OF COVERAGE:
Adds standard language concerning coverage of items without an order.
CODING GUIDELINES:
Moves Definitions section to this section.
DOCUMENTATION REQUIREMENTS:
Adds standard language concerning use of EY modifier for items without an order.
Adds codes E1161 and E1231-E1234 to those eligible for Advance Determination of Medicare Coverage.
Revises 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.

Last Reviewed On Date

Related Documents
Article(s)

LCD Attachments
There are no attachments for this LCD
**Contractor Information**

**Contractor Name, Number, and Type**

DME PSC: TriCenturion (77011)
DME MAC: AdminaStar Federal, Inc (17003), National Heritage Insurance Company (16003)

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**Article Information**

**Article ID Number**

A25311

**Article Type**

Article

**Key Article**

Yes

**Article Title**

Manual Wheelchair Bases - Policy Article - Effective May 2005

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**Primary Geographic Jurisdiction**

Connecticut
District of Columbia
Delaware
Illinois
Indiana
Kentucky
Massachusetts
Maryland
Maine
Michigan
Minnesota
New Hampshire
New Jersey
New York - Entire State
Ohio
Pennsylvania
Rhode Island
Virginia
**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

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 - 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 Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) 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.
Revision History Explanation

Revision Effective Date: 05/05/2005 (published October 2005)
NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:
Added noncoverage statement for use outside the home.

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

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).

Related Documents

LCD(s)
L11465 - Manual Wheelchair Bases