

MLN FACT SHEET



PROVIDER COMPLIANCE TIPS FOR MANUAL WHEELCHAIRS

PROVIDER TYPES AFFECTED

Durable Medical Equipment (DME) suppliers, Physicians and non-physician practitioners (NPP) who write orders for manual wheelchairs

BACKGROUND

For the 2017 reporting period, the Medicare Fee-For-Service improper payment rate for manual wheelchairs was 73.5 percent with \$70,720,235 in projected improper payments. The Social Security Act 1861(s)6 covers manual wheelchairs under the Durable Medical Equipment benefit.

REASONS FOR DENIALS

For the 2017 reporting period, insufficient documentation accounted for 88.5 percent of improper payments for manual wheelchairs. Additional types of errors for manual wheelchairs included no documentation, which accounted for 0.6 percent of improper payments, while the type of error of other (for example, duplicate payment error, non-covered or unallowable service, or ineligible Medicare beneficiary) accounted for 10.9 percent of improper payments.

TO PREVENT DENIALS

Determine if, according to the Local Coverage Determination (LCD) Manual Wheelchair Bases (L33788) and Local Coverage Article for Manual Wheelchair Bases – Policy Article (A52497):

- a. The beneficiary has a mobility limitation that significantly impairs their participation in mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home.
- b. The beneficiary's mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker.
- c. The beneficiary's home provides adequate access between rooms, maneuvering space, and surfaces for using the provided manual wheelchair.
- d. Use of a manual wheelchair will significantly improve the beneficiary's ability to participate in MRADLs and the beneficiary will use it on a regular basis in the home.
- e. The beneficiary uses the manual wheelchair that is provided in the home.

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

Please note that for use inside the home, a manual wheelchair must meet criteria A, B, C, D, E, and F or G above.

RESOURCES

FOR MORE INFORMATION ABOUT...	RESOURCE
The 2017 Medicare Fee-For-Service Supplemental Improper Payment Date	https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT/CERT-Reports-Items/2017-Medicare-FFS-Payment-Data.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending
Social Security Act Section 1861	https://www.ssa.gov/OP_Home/ssact/title18/1861.htm
Local Coverage Determination (LCD) Manual Wheelchair Bases (L33788)	https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33788&ver=8&DocID=L33788&SearchType=Advanced&bc=IAAABAAAA&
Local Coverage Article for Manual Wheelchair Bases – Policy Article (A52497)	https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52497&ver=8&NCAId=143&NcaName=Mobility+Assistive+Equipment&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%257CCAL%257CNC-D%257CMEDCAC%257CTA%257CMCD&ArticleType=Ed%257CKey%257CSAD%257CFAQ&PolicyType=Final&s=5%257C6%257C66%257C67%257C9%257C38%257C63%257C41%257C64%257C65-%257C44&KeyWord=wheelchairs&KeyWordLookUp=Doc&KeyWordSearchType=Exact&kq=true&bc=IAAACAAAAAAA%3d%3d&

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