UPDATES

• Replaced the earlier year’s data with 2019

INTRODUCTION

This publication is meant to educate providers on coverage and proper billing 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 2019 reporting period, the Medicare Fee-for-Service (FFS) improper payment rate for manual wheelchairs was 45.7 percent with $31,105,263 in projected improper payments. The Social Security Act 1861(n) covers manual wheelchairs under the DME benefit.

REASONS FOR DENIALS

For the 2019 reporting period, insufficient documentation accounted for 95.9 percent of improper payments for manual wheelchairs. Other types of errors for manual wheelchairs included no documentation, which accounted for 1.4 percent of improper payments and medical necessity, which accounted for 0.1 percent of improper payments. Error type ‘Other’ (for example, duplicate payment error, non-covered or unallowable service, or ineligible Medicare beneficiary) accounted for 1.3 percent of improper payments.

TO PREVENT DENIALS

Determine if, according to the Local Coverage Determination (LCD) Manual Wheelchair Bases:

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 can’t be resolved by using an appropriately fitted cane or walker.

C. The beneficiary’s home gives adequate access between rooms, maneuvering space, and surfaces for using the given 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 hasn’t expressed an unwillingness to use the manual wheelchair that is given in the home.

F. The beneficiary has enough upper extremity function and other physical and mental capabilities needed to safely self-propel the manual wheelchair that is given 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 help with the wheelchair.

Providers may reference the LCD for MORE CRITERIA FOR SPECIFIC MANUAL WHEELCHAIRS.

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

Table 1: Manual Wheelchair Resources

<table>
<thead>
<tr>
<th>RESOURCE</th>
<th>WEBSITE</th>
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<tbody>
<tr>
<td>Social Security Act Section 1861</td>
<td><a href="https://www.ssa.gov/OP_Home/ssact/title18/1861.htm">https://www.ssa.gov/OP_Home/ssact/title18/1861.htm</a></td>
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</tbody>
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Please Contact your MAC for any updates or changes to the Policy Article (PA) and the LCD regarding policy and general documentation requirements.

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