

**References: L33788, A52497**

### **Manual Wheelchair (MWC) Bases Specified in the Affordable Care Act (E1037-E1039, E1161, E1232-E1238, K0001-K0007, K0009)**

- Face-to-Face Examination (F2F)
  - Date stamp indicating supplier's date of receipt of F2F on or before date of delivery
- Written Order Prior to Delivery (WOPD)
  - Date stamp indicating supplier's date of receipt of WOPD on or before date of delivery

### **Other MWCs (E1231, K0008)**

- Dispensing Order (if applicable)
- Detailed Written Order (DWO)

### **All MWCs**

- Beneficiary Authorization
- Proof of Delivery (POD)
  - Method 1 - Direct Delivery to the Beneficiary by the Supplier  
**The date the beneficiary/designee signs for the equipment is to be the date of service of the claim.**
  - Method 2 - Delivery via Shipping or Delivery Service  
**The shipping date is to be the date of service of the claim.**
- Continued Need
- Continued Use
- Home Assessment

### **Medical Records**

- Medical records supporting the beneficiary meets the following coverage criteria:
  - Criterion A is met
  - Criterion B is met
  - Criterion C is met
  - Criterion D is met

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- Criterion E is met
- Criterion F or G is met

### **Transport Chairs (E1037 – E1039)**

- General criteria A-E and G above are met; **and**
- Transport chair is being used as an alternative to a standard MWC (K0001).
  - Description of why the beneficiary is unable to make use of a standard MWC (K0001-K0005) on their own; **and**
  - Provide specific information that the beneficiary has a caregiver who is available, willing, and able to provide assistance with the wheelchair.

### **Standard Hemi-Wheelchair (K0002)**

- General criteria noted above are met; **and**
- Medical records support the beneficiary requires a lower seat height (17"-18") because:
  - Short stature; **or**
  - Need to place feet on ground for propulsion.

### **Lightweight Wheelchair (K0003)**

- General criteria noted above are met; **and**
- Medical records support the beneficiary:
  - Cannot self-propel in a standard wheelchair; **and**
  - Can and does self-propel in a lightweight wheelchair.

### **High Strength Lightweight Wheelchair (K0004)**

- General criteria noted above are met; **and**
- Medical records support the beneficiary:
  - Self-propels the wheelchair while engaging in frequent activities that cannot be performed in a standard or lightweight wheelchair; **and/or**
  - Requires 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.

### **Ultra-Lightweight Wheelchair (K0005)**

- General criteria noted above are met; **and**
- Medical records support:
  - Beneficiary is a full-time MWC user; **or**
  - Beneficiary requires individualized fitting and adjustments for one or more features which cannot be accommodated by a K0001-K0004:
    - Axel configuration
    - Wheel camber

- Seat and back angles
- Other feature not noted; **and**
- Beneficiary has a specialty evaluation performed by a [licensed/certified medical professional](#) (LCMP) that documents the medical necessity for the wheelchair and its special features; **and**
- Wheelchair is provided by supplier employing a RESNA-certified ATP specializing in wheelchairs and having direct, in-person involvement in the wheelchair selection.
- Attestation statement affirming the LCMP performing the specialty assessment has no financial relationship with the supplier.
- Documentation (if requested) must include:
  - Description of beneficiary's routine activities:
    - Types of activities beneficiary frequently encounters; **and**
    - Whether the beneficiary is fully independent in the use of the wheelchair; **and**
  - Description of the features of the K0005 which are needed compared to the K0004 base.

### **Heavy-Duty Wheelchair (K0006)**

- General criteria noted above are met; **and**
- Medical records support the beneficiary:
  - Weighs more than 250 pounds; **or**
  - Has severe spasticity.

### **Extra Heavy-Duty Wheelchair (K0007)**

- General criteria noted above are met; **and**
- Medical records support the beneficiary weighs more than 300 pounds.

### **Custom MWC Base (K0008)**

- General criteria noted above are met; and
- Specific configuration required to address the beneficiary's physical and/or functional deficits cannot be met using one of the standard MWC bases plus an appropriate combination of wheelchair seating systems, cushions, options or accessories (prefabricated or custom fabricated), such that the individual construction of a unique individual MWC base is required.
- Documentation (if requested) must include:
  - Description of the beneficiary's unique physical and functional characteristics that require a customized MWC base; **and**
  - Detailed description of the manufacturing of the wheelchair base, including types of materials used in custom fabricating or substantially modifying it, and the construction process and labor skills required to modify it; **and**
  - The needs of the beneficiary cannot be met using another MWC base that incorporates seating modifications or other options or accessories (prefabricated and/or custom); **and**
  - Demonstration that the K0008 is so different from another wheelchair base that the two items cannot be grouped together for pricing purposes.

## Wheelchair with Tilt in Space (E1161)

- General coverage criteria noted above are met; **and**
- Beneficiary has a specialty evaluation performed by an [LCMP](#) that documents the medical necessity for the wheelchair and its special features; **and**
- Wheelchair is provided by supplier employing a RESNA-certified ATP specializing in wheelchairs and having direct, in-person involvement in the wheelchair selection.
- Attestation statement affirming the LCMP performing the specialty assessment has no financial relationship with the supplier.

## Billing Reminders

- The KX modifier must be added to the code if all the coverage criteria noted above have been met and evidence of such is retained in the supplier's files.
- When there is an expectation of a medical necessity denial, the GA modifier must be added to the code if a valid Advance Beneficiary Notice (ABN) has been obtained or a GZ modifier if a valid ABN has not been obtained.
- The GY modifier must be added to the code if the wheelchair is only used for mobility outside the home.
- High strength lightweight wheelchair is rarely reasonable and necessary if the expected duration of need is less than three months.
- Custom MWC is not reasonable and necessary if the expected duration of need is less than three months.
- Payment is made for only one wheelchair at a time.
- A new physician's order is not required for repairs.
- Add appropriate modifier to the HCPCS code when an upgrade has been provided.
  - GK – Reasonable and necessary item associated with a GA or GZ modifier
  - GL – Medically unnecessary upgrade provided instead of non-upgraded item, no charge, no ABN

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[Go Back to Front Page](#)