

# Clinical UM Guideline

|                     |   |                          |            |
|---------------------|---|--------------------------|------------|
| <b>Subject:</b>     | Wheeled Mobility Devices: Manual Wheelchairs – Standard, Heavy Duty and Lightweight |                          |            |
| <b>Guideline #:</b> | CG-DME-24   | <b>Publish Date:</b>     | 01/30/2025 |
| <b>Status:</b>      | Revised   | <b>Last Review Date:</b> | 11/14/2024 |

## Description

This document addresses the criteria for standard, heavy duty and lightweight manual wheelchairs. Manual wheeled mobility devices or wheelchairs are generally used by individuals with neurological, orthopedic, or cardiopulmonary conditions who cannot achieve independent or assisted movement with devices such as canes and walkers. Types of manual wheelchairs include standard, heavy duty and lightweight for pediatric and adult sizes. The appropriate type of wheelchair is determined by assessment and evaluation of body size, medical needs and physical deficits.

**Note:** Please see the following related documents for additional information:

- CG-DME-31 Powered Wheeled Mobility Devices
- CG-DME-33 Wheeled Mobility Devices: Manual Wheelchairs-Ultra-Lightweight
- CG-DME-34 Wheeled Mobility Devices: Wheelchair Accessories

Note: For information regarding modifications to the structure of the home environment to accommodate a device, please see: CG-DME-10 Durable Medical Equipment

## Clinical Indications

### Medically Necessary:

A standard, heavy duty or lightweight manual wheelchair is considered **medically necessary** when **all** of the following are met:

- A. A written assessment by a physician or other appropriate clinician which demonstrates criteria **1, 2, and 3** below:
  1. The individual lacks the functional mobility to safely and efficiently move about to complete activities of daily living (ADLs) in the home setting; **and**
  2. The individual's living environment must support the use of a manual wheelchair; **and**
  3. The individual is willing and able to consistently operate the manual wheelchair safely **or** a caretaker has been trained and is willing and able to assist with or operate the manual wheelchair when the individual's condition precludes self-operation of the manual wheelchair;
- and**
- B. Other assistive devices (for example, canes, walkers) are insufficient or unsafe to completely meet functional mobility needs; **and**
- C. The type of manual wheelchair ordered is based upon the individual's physical or functional assessment and body size. Criteria for these types of wheelchairs are as follows:
  1. Standard wheelchairs, when canes, walkers etc. are not sufficient to meet mobility needs;

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2. Lightweight wheelchairs, when the member cannot consistently self-propel in a standard wheelchair;
3. Heavy duty wheelchairs, when the member’s body size cannot be accommodated in a standard wheelchair.

Repairs, modifications and replacements for standard, lightweight or heavy duty manual wheelchairs are considered **medically necessary** when:

- A. Needed for normal wear or accidental damage; **or**
- B. The changes in the individual’s condition warrant a different wheelchair, based on clinical documentation.

**Not Medically Necessary:**

A standard, lightweight or heavy duty manual wheelchair is considered **not medically necessary** for any of the following:

- A. When solely intended for use outdoors; **or**
- B. Exceeds the basic device requirements for the individual’s condition or needs; **or**
- C. When used as a backup in case the primary device requires repair; **or**
- D. Used for leisure or recreational activities.

**Coding**

*The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.*

**When services may be Medically Necessary when criteria are met:**

**HCPCS**

|             |  |
|-------------|--|
| E1050-E1070 | Fully reclining wheelchairs [includes codes E1050, E1060, E1070]                         |
| E1083-E1086 | Hemi-wheelchairs [includes codes E1083, E1084, E1085, E1086]                             |
| E1087-E1090 | High-strength lightweight wheelchairs [includes codes E1087, E1088, E1089, E1090]        |
| E1092-E1093 | Wide, heavy-duty wheelchairs   |
| E1100       | Semi-reclining wheelchair  |
| E1110       | Semi-reclining wheelchair  |
| E1130-E1160 | Standard wheelchairs [includes codes E1130, E1140, E1150, E1160]                         |
| E1161       | Manual adult size wheelchair, includes tilt in space                                     |
| E1170-E1190 | Amputee wheelchairs [includes codes E1170, E1171, E1172, E1180, E1190]                   |
| E1195       | Heavy duty wheelchair  |
| E1200       | Amputee wheelchair   |
| E1220-E1224 | Special size wheelchairs [includes codes E1220, E1221, E1222, E1223, E1224]              |
| E1229       | Wheelchair, pediatric size, not otherwise specified                                      |
| E1231-E1234 | Wheelchairs, pediatric size, tilt-in-space [includes codes E1231, E1232, E1233, E1234]   |
| E1235-E1238 | Wheelchairs pediatric size, rigid or folding [includes codes E1235, E1236, E1237, E1238] |
| E1240-E1270 | Lightweight wheelchairs [includes codes E1240, E1250, E1260, E1270]                      |
| E1280-E1295 | Heavy duty wheelchairs [includes codes E1280, E1285, E1290, E1295]                       |
| K0001       | Standard wheelchair  |

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|       |   |
|-------|---|
| K0002 | Standard hemi (low seat) wheelchair     |
| K0003 | Lightweight wheelchair                  |
| K0004 | High strength, lightweight wheelchair   |
| K0006 | Heavy-duty wheelchair (bariatric)       |
| K0007 | Extra heavy-duty wheelchair (bariatric) |
| K0008 | Custom manual wheelchair/base           |
| K0009 | Other manual wheelchair/base            |

**ICD-10 Diagnosis**

All diagnoses

**When services are Not Medically Necessary:**

For the procedure codes listed above when criteria are not met or for situations designated in the Clinical Indications section as not medically necessary.

**Discussion/General Information**

The Centers for Medicare and Medicaid Services (CMS, 2005) Mobility Assistive Equipment National Coverage Decision (NCD), which considers the clinical indications for the appropriate types of mobility assistive devices were utilized in the development of this document. Assessments of clinical indications are based upon the ability of the individual to perform mobility-related activities of daily living (MRADLs).

Mobility impairments include a broad range of disabilities that affect an individual's independent movement and cause limited mobility. In 2022, the National Center for Medical Rehabilitation Research (NCMRR) Program estimates that 31 million people have mobility impairments, which may take the form of paralysis, muscle weakness, nerve damage, stiffness of the joints, or balance/coordination deficits. According to the Centers for Disease Control and Prevention (2020) there are three dimensions of disability: impairment, activity limitations, and participation restrictions. In the Americans with Disabilities Act the census estimated that over 4% of the United States population has moderate to severe disability necessitating the use of a wheelchair to assist with mobility. Nearly 4 million Americans, aged 15 years and older are required to use a wheelchair (National Census Bureau, 2012).

Selection of a manual wheelchair or a manual lightweight or heavy-duty wheelchair is individualized and must consider the user's impairment(s), weight and morphology, level of function, positioning needs and environment.

In 2009, Salminen and colleagues performed a systematic review of the literature to determine the effectiveness of mobility assistive devices. The review found that mobility devices improve users' participation and mobility. However, it was not possible to draw any general conclusions about the effectiveness of mobility device interventions. The authors emphasized that well-designed research is required to accurately assess the effectiveness of mobility assistive devices.

Souza and colleagues (2010) found that 68% of individuals with multiple sclerosis (MS) used wheelchairs for mobility assistance. MS may cause a wide variety of neurological deficits with ambulatory impairment being the first symptom and most common form of disability. The authors found only a limited number of articles with higher levels of evidence addressing mobility assistance specifically for persons with MS and concluded that further

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research is necessary to develop an accurate assessment and measurable clinical performance model addressing the use of mobility assistive devices for the different aspects of MS-related motor impairments.

In 2011 Conger and Basset published the Wheelchair Compendium of Physical Activities for individuals who routinely use a manual wheelchair. Eleven studies that evaluated 63 different wheelchair activities were identified, and energy expenditures were measured by indirect calorimetry expressed as METs or VO<sub>2</sub>. The energy requirements for some activities differed between individuals who use wheelchairs and those who do not. The goal of the compendium was to enhance scoring of physical activity surveys and promote the benefits of activity.

Cherubini and colleague (2012) conducted an observational study of 150 wheelchair users with an average age of 46.7 ± 17.3 years. They analyzed the congruence of the prescribed wheelchair and the individual's mobility needs. Study participants had a wide variety of disabilities, including 24% spinal cord injury, multiple sclerosis 18%, cerebral infantile paralysis 18% and skull trauma 10%. The authors found that 68% of the prescribed wheelchairs were not suitable in reference to the wheelchair and accessories. After finding a correlation between the prescription sources and the suitability of the wheelchair for the individual, they concluded that wheelchair prescriptions should be based on careful assessment of mobility needs and improved collaboration between physicians and technicians.

In 2024 Conger and colleagues updated the Wheelchair Compendium to further curate the understanding of energy expenditures. A systematic review completed from 2011-2023 analyzed 47 studies that summarized the energy expenditure of 124 specific activities into a single resource. The authors concluded that the compendium may reduce barriers to physical activity, including a lack of knowledge about suitable exercises, and foster inclusivity in fitness and promote regular exercise to improve health, physical adaptations, and disease prevention.

It is important to carefully assess an individual's mobility needs when prescribing a wheelchair and should be a result of a collaborative effort between physicians and technicians for optimal suitability.

**Definitions**

Activities of daily living (ADLs): Self-care activities such as transfers, toileting, grooming and hygiene, dressing, bathing, and eating.

Functional mobility: The ability to consistently move safely and efficiently, with or without the aid of appropriate assistive devices (such as prosthetics, orthotics, canes, walkers, wheelchairs, etc.), at a reasonable rate of speed to complete an individual's typical mobility-related activities of daily living. Functional mobility can be altered by deficits in strength, endurance sufficient to complete tasks, coordination, balance, speed of execution, pain, sensation, proprioception, range of motion, safety, shortness of breath, and fatigue.

Mobility-related activities of daily living (MRADLs): Daily self-care such as toileting, feeding, dressing, grooming, and bathing that require ambulatory movement to an area for these activities.

**References****Peer Reviewed Publications:**

1. Cherubini M, Melchiorri G. Descriptive study about congruence in wheelchair prescription. Eur J Phys Rehabil Med. 2012; 48(2):217-222.

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2. Conger SA, Bassett DR. A compendium of energy costs of physical activities for individuals who use manual wheelchairs. *Adapt Phys Activ Q.* 2011; 28(4):310-25.
3. Conger SA, Herrmann SD, Willis EA, et al. 2024 Wheelchair Compendium of Physical Activities: An update of activity codes and energy expenditure values. *J Sport Health Sci.* 2024 Jan; 13(1):18-23.
4. McLaurin CA, Axelson P. Wheelchair standards: an overview. *J Rehabil Res Dev Clin Suppl.* 1990; (2):100-103.
5. Salminen AL, Brandt A, Samuelsson K, et al. Mobility devices to promote activity and participation: a systematic review. *J Rehabil Med.* 2009; 41(9):697-706.
6. Souza A, Kelleher A, Cooper R, et al. Multiple sclerosis and mobility-related assistive technology: systematic review of literature. *J Rehabil Res Dev.* 2010; 47(3):213-223.

**Government Agency, Medical Society and Other Authoritative Publications:**

1. Centers for Disease Control and Prevention. Disability and health overview. September 16, 2020. Available at: <https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html>. Accessed August 9, 2024.
2. Centers for Medicare & Medicaid Services. National Coverage Decision (NCD) for Mobility Assistive Equipment (MAE) NCD# 280.3. Effective May 5, 2005. Available at: [http://www.cms.hhs.gov/mcd/index\\_chapter\\_list.asp](http://www.cms.hhs.gov/mcd/index_chapter_list.asp). Accessed on August 9, 2024.
3. National Census Bureau. Facts for Features: Anniversary of Americans with Disabilities Act: July 26, 2021. Available at: [Anniversary of Americans With Disabilities Act: July 26, 2021 \(census.gov\)](https://www.census.gov/2021/07/anniversary-of-americans-with-disabilities-act-july-26-2021) Accessed on August 9, 2024.
4. National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR). Last updated August 01, 2022. Available at: <https://www.acl.gov/about-acl/about-national-institute-disability-independent-living-and-rehabilitation-research>. Accessed on August 9, 2024.

**Index**

- Bariatric Wheelchairs
- Hemi-height Wheelchairs
- Lightweight Wheelchairs
- Manual Mobility Device
- Manual Wheelchair
- Pediatric Wheelchair
- Standard Wheelchair
- Wheelchair

**The use of specific product names is illustrative only. It is not intended to be a recommendation of one product over another, and is not intended to represent a complete listing of all products available.**

**History**

| Status  | Date       | Action  |
|---------|------------|---|
| Revised | 11/14/2024 | Medical Policy & Technology Assessment Committee (MPTAC) review. Reformatted Clinical Indications. Moved content regarding home modifications to a Note. Added Note addressing home modifications. Removed NMN statement addressing home modifications. Revised Discussion and References sections. |

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| Revised  | 11/09/2023 | MPTAC review. Revised grammatical error in Clinical Indications and Definitions sections. Updated References sections.  |
| Reviewed | 11/10/2022 | MPTAC review. Updated Discussion and References sections.   |
| Reviewed | 11/11/2021 | MPTAC review. Updated Discussion and References sections.   |
| Reviewed | 11/05/2020 | MPTAC review. Updated Discussion and Reference sections. Reformatted Coding section.  |
| Reviewed | 11/07/2019 | MPTAC review. Updated Discussion and References sections.   |
| Reviewed | 01/24/2019 | MPTAC review. Updated References section.   |
| Reviewed | 02/27/2018 | MPTAC review. The document header wording updated from “Current Effective Date” to “Publish Date.” Updated grammatical error in MN criteria and ADLs and MRADLs definitions. Updated References section.  |
| Revised  | 02/02/2017 | MPTAC review. Reformatted title. Removed “Note” from MN statement for repairs, modifications and replacements for standard, lightweight or heavy duty manual wheelchairs. Updated formatting in clinical indications section. Updated Discussion and References.  |
| Revised  | 02/04/2016 | MPTAC review. Revised medically necessary clinical indication to require a “written” assessment for standard, heavy duty or lightweight manual wheelchair. Reformatted clinical indication section. Added note to medically necessary criteria for repairs, modifications and replacements for standard, lightweight or heavy duty manual wheelchairs. Updated References. Removed ICD-9 codes from Coding section. |
| Revised  | 02/05/2015 | MPTAC review. Reformatted medically necessary and not medically necessary statements. Clarified medically necessary criteria. Updated Description and References.   |
| Reviewed | 02/13/2014 | MPTAC review. Updated Websites.   |
|          | 07/01/2013 | Updated Coding section with 07/01/2013 HCPCS changes.   |
| Revised  | 02/14/2013 | MPTAC review. Clarified medically necessary and not medically necessary statement. Updated Description, Discussion and Websites.  |
| Reviewed | 02/16/2012 | MPTAC review. Discussion and References updated.  |
| Reviewed | 02/17/2011 | MPTAC review. Discussion and References updated.  |
| Revised  | 02/25/2010 | MPTAC review. Title changed. Medically necessary and not medically necessary criteria revised to only address manual wheelchairs– standard, heavy duty and lightweight. Medically necessary and not medically necessary accessories removed and now addressed in CG-DME-34. Description, coding, discussion and references updated.   |
| Revised  | 11/19/2009 | MPTAC review. Medically necessary criteria revised from requiring the individual to be confined to bed/chair to functional impairments. References updated. Updated coding section with 01/01/2010 HCPCS changes; removed E2223 deleted 12/31/2009.   |
| Reviewed | 05/21/2009 | MPTAC review. Place of service removed, references updated.   |
|          | 01/01/2009 | Updated coding section with 01/01/2009 HCPCS changes.   |
| Reviewed | 05/15/2008 | MPTAC review. References updated.   |
|          | 01/01/2008 | Updated coding section with 01/01/2008 HCPCS changes; removed HCPCS E2618 deleted 12/31/2007.   |
| Revised  | 05/17/2007 | MPTAC review. Criteria revised. References updated.   |

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| Revised | 03/08/2007 | MPTAC review. Power mobility devices split off and addressed in a separate clinical UM guideline. Title changed to Manual Wheeled Mobility Devices. References updated.   |
| Revised | 12/07/2006 | MPTAC review. Revisions made include clarification of general criteria. References and coding updated.  |
|         | 01/01/2007 | Updated coding section with 01/01/2007 CPT/HCPCS changes; removed HCPCS E0977, E0997, E0998, E0999, E2320, K0090, K0091, K0092, K0093, K0094, K0095, K0096, K0097, K0099 deleted 12/31/2006 and K0452 deleted 12/31/2005. |
| Revised | 12/01/2005 | MPTAC review. Revision based on Pre-merger Anthem and Pre-merger WellPoint Harmonization.   |

| <b>Pre-Merger Organizations</b> | <b>Last Review Date</b> | <b>Document Number</b> | <b>Title</b>  |
|---------------------------------|-------------------------|------------------------|---|
| Anthem Virginia                 | 06/28/2002              | Memo 1103              | Wheelchairs   |
| Anthem CO/NV                    | 10/29/2004              | DME.205                | Motorized/Power Wheelchair Bases                        |
| Anthem CO/NV                    | 10/29/2004              | DME.206                | Wheelchair Options & Accessories                        |
| Anthem CO/NV                    | 10/29/2004              | DME.207                | Wheelchair Seating                                      |
| Anthem CO/NV                    | 10/29/2004              | DME.208                | Power Operated Vehicles                                 |
| Anthem Connecticut              | 09/2004                 | Guideline              | DME Guidelines  |
| Anthem Connecticut              | 11/2004                 | Guideline              | DME Guidelines Summary                                  |
| Anthem Midwest                  | 05/27/2005              | DME 006                | Wheelchairs: Manual, Motorized Powered, And Accessories |
| Anthem Midwest                  | 05/27/2005              | DME 022                | Power Operated Vehicles                                 |
| WellPoint Health Networks, Inc. | 09/23/2004              | Guideline              | Motorized Assistive Devices                             |

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