

# Manual Wheelchairs

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[Instructions for Use](#)

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<b>Related Commercial Policies</b>
<ul style="list-style-type: none"> <li><a href="#">Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements</a></li> <li><a href="#">Power Mobility Devices</a></li> <li><a href="#">Wheelchair Options and Accessories</a></li> <li><a href="#">Wheelchair Seating</a></li> </ul>
<b>Community Plan Policy</b>
<ul style="list-style-type: none"> <li><a href="#">Manual Wheelchairs</a></li> </ul>

## Coverage Rationale

### Indications for Coverage

Manual Wheelchairs are proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® 2021, Apr. 2021 Release, Medicare: Durable Medical Equipment, Manual Wheelchair Bases.

Click [here](#) to view the InterQual® criteria.

### *Repair, Replacement, and Upgrade*

#### Replacement

Replacement of DME is for the same or similar type of equipment which is beyond its reasonable useful life span and has become irreparable.

#### Upgrade

The physician provides documentation that the condition of the member changes (e.g., impaired function necessitates an upgrade to an electric wheelchair from a manual one).

#### General Criteria

- Routine wear on the equipment renders it non-functional and the member still requires the equipment.
  - Vendors/manufacturers are responsible for repairs, replacements, and maintenance for rented equipment and for purchased equipment covered by warranty
  - Coverage includes DME obtained in a physician’s office, DME vendor, or any other provider authorized to provide/dispense DME
- Unless otherwise stated, DME has a Reasonable Useful Lifetime (RUL) of 5 years.
- Pediatric equipment must allow room for growth with 2 inches in width and 3 inches of depth and width available for adjustments. Documentation of frame modifications or growth kits may be submitted to demonstrate growth allowances to the dimensions.

Notes:

- Growth method for wheelchair may not mean ordering equipment that it is too large for current needs. This applies for new as well as replacement wheelchairs.
- A new prescription isn't needed if the needs of the patient are the same.

## Equipment Upgrades

- A change in the member's medical condition and equipment needs requires the same documentation as a new request.
- Equipment upgrades are equivalent to a new service.

## Coverage Limitations and Exclusions

When more than one piece of DME can meet the member's functional needs, benefits are available only for the item that meets the minimum specifications for member needs. Examples include but are not limited to, standard electric wheelchair vs. custom wheelchair.

The following services are excluded from coverage:

- Replacement of items due to malicious damage, neglect or abuse
- Replacement of lost or stolen items
- Upgrade or replacement of DME when the existing equipment is still functional; refer to the [Repair, Replacement and Upgrade](#) section

## Documentation Requirements

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The documentation requirements outlined below are used to assess whether the member meets the clinical criteria for coverage but do not guarantee coverage of the service requested.

HCPCS Codes*	Required Clinical Information
<b>Manual Wheelchairs</b>	
E1236 E1238 K0005	<ul style="list-style-type: none"> <li>• Documentation of face-to-face encounter, within six months prior to the prescription (written order), from the treating practitioner including date, when applicable</li> <li>• Current prescription (written order) from physician, including:               <ul style="list-style-type: none"> <li>○ Initial or replacement</li> <li>○ Rental or purchase</li> <li>○ Specific HCPCS code(s) for item and each accessory requested</li> <li>○ Equipment make, model and price quotation</li> <li>○ Rationale for selection of specific device and accessories</li> <li>○ If replacement, current device used, date of initial acquisition, status of warranty, as well as:                   <ul style="list-style-type: none"> <li>▪ Proper use and continued benefit</li> <li>▪ Date the member acquired the original chair and original payer</li> <li>▪ Make, model, configuration and serial number of the existing chair</li> <li>▪ Reason for replacement</li> <li>▪ Detailed equipment replacement/ repair quote</li> <li>▪ If stolen, include police report</li> </ul> </li> <li>○ If repair current device used, date of initial acquisition, status of warranty, as well as:                   <ul style="list-style-type: none"> <li>▪ Proper use and continued benefit</li> <li>▪ Date the member acquired the original chair and original payer</li> <li>▪ Make, model, configuration and serial number of the existing chair</li> <li>▪ Reason for repair</li> <li>▪ Detailed equipment repair quote, if over \$1,000</li> <li>▪ History of previous repairs</li> <li>▪ Replacement cost</li> </ul> </li> </ul> </li> <li>• Medical notes documenting the following, when applicable:               <ul style="list-style-type: none"> <li>○ Diagnosis</li> <li>○ Most recent member weight and height</li> </ul> </li> </ul>

HCPCS Codes*	Required Clinical Information
Manual Wheelchairs	<ul style="list-style-type: none"> <li>○ Current ambulation</li> <li>○ Transfer status</li> <li>○ Functional limitations as related to activities of daily living (ADLs)</li> <li>○ Estimated duration of use</li> <li>○ Documentation of upper extremity function and other physical and mental capabilities to safely self-propel the wheelchair</li> <li>● Primary setting of wheelchair use (e.g., home, community)</li> <li>● Other mobility assistance devices currently used</li> <li>● Home/safety evaluation assessment</li> </ul>

\*For code descriptions, see the [Applicable Codes](#) section.

## Definitions

The following definitions may not apply to all plans. Refer to the member specific benefit plan document for applicable definitions.

**Durable Medical Equipment (DME):** Medical Equipment that is all of the following:

- Ordered or provided by a Physician for outpatient use primarily in a home setting
- Used for medical purposes
- Not consumable or disposable except as needed for the effective use of covered DME
- Not of use to a person in the absence of a disease or disability
- Serves a medical purpose for the treatment of a Sickness or injury
- Primarily used within the home

**Medically Necessary:** Health Care Services that are all of the following as determined by us or our designee.

- In accordance with Generally Accepted Standards of Medical Practice
- Clinically appropriate, in terms of type, frequency, extent, service site and duration, and considered effective for your Sickness, Injury, Mental Illness, substance-related and addictive disorders, disease or its symptoms
- Not mainly for your convenience or that of your doctor or other health care provider
- Not more costly than an alternative drug, service(s), service site or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your Sickness, Injury, disease or symptoms

**Mobility Device:** A manual wheelchair, electric wheelchair, transfer chair or scooter.

**Reasonable Useful Lifetime:** RUL is the expected minimum lifespan for the item. It starts on the initial date of service and runs for the defined length of time. The default RUL for durable medical equipment is set at 5 years. RUL is also applied to other non-DME items such as orthoses and prostheses. RUL is not applied to supply items.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

UnitedHealthcare has adopted the requirements and intent of the National Correct Coding Initiative. The Centers for Medicare & Medicaid Services (CMS) has contracted with Palmetto to manage Pricing, Data and Coding (PDAC) for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS). This notice is to confirm UnitedHealthcare has established the PDAC as a source for correct coding and coding clarification.

**Coding Clarification:** Codes E1050, E1060, E1070, E1083, E1084, E1085, E1086, E1087, E1088, E1089, E1090, E1091, E1092, E1093, E1100, E1110, E1130, E1140, E1150, E1160, E1170, E1171, E1172, E1180, E1190, E1195, E1200, E1220, E1221, E1222, E1223, E1224, E1240, E1250, E1260, E1270, E1280, E1285, E1290, and E1295 should only be used to submit for maintenance and service when the vendor has a written maintenance and service agreement with UnitedHealthcare.

HCPCS Code	Description
E1037	Transport chair, pediatric size
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds
E1039	Transport chair, adult size, heavy-duty, patient weight capacity greater than 300 pounds
E1050	Fully-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests
E1060	Fully-reclining wheelchair, detachable arms, desk or full-length, swing-away detachable elevating legrests
E1070	Fully-reclining wheelchair, detachable arms (desk or full-length) swing-away detachable footrest
E1083	Hemi-wheelchair, fixed full-length arms, swing-away detachable elevating legrest
E1084	Hemi-wheelchair, detachable arms desk or full-length arms, swing-away detachable elevating legrests
E1085	Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests
E1086	Hemi-wheelchair, detachable arms, desk or full-length, swing-away detachable footrests
E1087	High strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests
E1088	High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating legrests
E1089	High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest
E1090	High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests
E1092	Wide heavy-duty wheelchair, detachable arms (desk or full-length), swing-away detachable elevating legrests
E1093	Wide heavy-duty wheelchair, detachable arms, desk or full-length arms, swing-away detachable footrests
E1100	Semi-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests
E1110	Semi-reclining wheelchair, detachable arms (desk or full-length) elevating legrest
E1130	Standard wheelchair, fixed full-length arms, fixed or swing-away detachable footrests
E1140	Wheelchair, detachable arms, desk or full-length, swing-away detachable footrests
E1150	Wheelchair, detachable arms, desk or full-length swing-away detachable elevating legrests
E1160	Wheelchair, fixed full-length arms, swing-away detachable elevating legrests
E1161	Manual adult size wheelchair, includes tilt in space
E1170	Amputee wheelchair, fixed full-length arms, swing-away detachable elevating legrests
E1171	Amputee wheelchair, fixed full-length arms, without footrests or legrest
E1172	Amputee wheelchair, detachable arms (desk or full-length) without footrests or legrest
E1180	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable footrests
E1190	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable elevating legrests
E1195	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable elevating legrests
E1200	Amputee wheelchair, fixed full-length arms, swing-away detachable footrest
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification
E1221	Wheelchair with fixed arm, footrests
E1222	Wheelchair with fixed arm, elevating legrests
E1223	Wheelchair with detachable arms, footrests
E1224	Wheelchair with detachable arms, elevating legrests
E1229	Wheelchair, pediatric size, not otherwise specified

HCPCS Code	Description
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system
E1240	Lightweight wheelchair, detachable arms, (desk or full-length) swing-away detachable, elevating legrest
E1250	Lightweight wheelchair, fixed full-length arms, swing-away detachable footrest
E1260	Lightweight wheelchair, detachable arms (desk or full-length) swing-away detachable footrest
E1270	Lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests
E1280	Heavy-duty wheelchair, detachable arms (desk or full-length) elevating legrests
E1285	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable footrest
E1290	Heavy-duty wheelchair, detachable arms (desk or full-length) swing-away detachable footrest
E1295	Heavy-duty wheelchair, fixed full-length arms, elevating legrest
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
K0008	Custom Manual Wheelchair Base
K0009	Other manual wheelchair/base

## References

Consortium for Spinal Cord Medicine Pressure ulcer prevention and treatment following spinal cord injury: Clinical Practice Guideline. [https://pva-cdnendpoint.azureedge.net/prod/libraries/media/pva/library/publications/cpg\\_pressure-ulcer.pdf](https://pva-cdnendpoint.azureedge.net/prod/libraries/media/pva/library/publications/cpg_pressure-ulcer.pdf) Accessed August 10, 2020

Noridian Healthcare Solutions: <https://med.noridianmedicare.com/web/jddme/article-detail/-/view/2230703/reasonable-useful-lifetime-and-duplicate-items-billing-reminder>. Accessed July 29, 2020

UnitedHealthcare Insurance Company Generic Certificate of Coverage 2018.

## Guideline History/Revision Information

Date	Summary of Changes
07/01/2021	<b>Related Policies</b> <ul style="list-style-type: none"> <li>Updated list of related policies; added reference link to Community Plan policy titled <i>Manual Wheelchairs</i></li> </ul>
05/01/2021	<ul style="list-style-type: none"> <li>New Coverage Determination Guideline</li> </ul>

## Instructions for Use

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

This Coverage Determination Guideline may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

UnitedHealthcare may also use tools developed by third parties, such as the InterQual<sup>®</sup> criteria, to assist us in administering health benefits. UnitedHealthcare Coverage Determination Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.