

## MANUAL WHEELCHAIR QUALIFICATION CHECKLIST

### Standard, Hemi and Reclining Models

- Patient weighs 250# or less
- Patient requires a wheelchair to achieve one or more MRADL's in the home

#### **K0001**

- Patient requires a 19" or greater floor to seat height **AND**

#### **K0002**

- Patient requires floor to seat height less than 19" **OR**

#### **K0003**

- Patient cannot self-propel in a standard weight model using arms and/or legs and patient can propel this level

#### **E1226 Fully Reclining Back**

- Patient spends two or more hours daily in a wheelchair **and at least one** of the following applies:
  - Patient presents with Quadriplegia
  - Patient presents with fixed hip angle
  - Patient has trunk casts or braces that requires a reclining back feature for positioning
  - Patient presents with excessive extensor tone of the trunk muscles
  - Patient needs to rest in a recumbent position two or more times during the day and transfer between bed/chair is very difficult

### High Strength Lightweight Model

*Each of the following applies:*

#### **K0004**

- Patient requires a wheelchair to achieve one or more MRADL's in the home
- Patient requires for duration of 3 months or more
- Patient spends at least two hours per day in the wheelchair
- Patient is able to self-propel (without being pushed) in the High Strength Lightweight Wheelchair

#### **Plus one of the following:**

- Patient is not able to self-propel to achieve one or more MRADL's in a standard weight or lightweight wheelchair
- Back Height required is 19" or higher and not available on a K0001, K0002 or K0003 level chair
- Seat Depth required is 18" or more due to hip to popliteal measurement
- Floor to Seat height required is less than 15 1/2" and not available on a K0001, K0002 or K0003 level chair
- Patient self propels wheelchair while engaging in frequent activities that cannot be performed in a standard or lightweight wheelchair

### Ultra Lightweight Model (LCMP Assessment Suggested)

#### **K0005**

- Patient cannot perform specific MRADL's in the home without use of this level chair
- Patient's independent MRADL's require options not provided on any other level chair

### Heavy Duty and Extra Heavy Duty Models

- Patient requires a wheelchair to achieve one or more MRADL's in the home **AND**

#### **K0006**

- Patient weighs more than 250# **OR**
- Patient has severe spasticity

#### **K0007**

- Patient weighs more than 300#

### DOCUMENTATION

- Verbal Dispensing Order is on file prior to delivery
- Detailed Order is on file prior to filing claim
- Medical Record information is on file substantiating need
- KX Modifier may be used when filing claim – medical record information substantiates need

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Delivery/Billing Authorized: \_\_Y\_\_N

Problems identified: \_\_\_\_\_