## **Revisions to Wheeled Mobility Equipment Guidelines**

The following revisions have been made to the Wheeled Mobility Equipment Guidelines as listed in the DME Provider Manual (Revised 4/06).

## 1. Ultra lightweight wheelchairs

An ultra lightweight manual wheelchair (K0005) is a high-strength multiadjustable wheelchair, featuring low rolling resistance, fully adjusting rear axle, any type push handles, and folding or rigid pediatric or adult frame. Additionally, the weight distribution may be changed, adjusting the ease or difficulty of self-propulsion. This wheelchair features 11/12/13/14/16/17/18" width, 12-18" depth, and 17-20" back. Ultra lightweight wheelchairs are covered when A, B **and** C, **or** D are met:

- A. The patient's medical condition and the weight of the wheelchair affects the patient's ability to self-propel, **and**
- B. The patient's medical condition and the position of the push rim in relation to the patient's arms and hands is integral to the ability to self-propel the wheelchair effectively, **and**
- C. The patient has demonstrated the cognitive and physical ability to independently and functionally self-propel the wheelchair, **or**
- D. The patient's medical condition requires multi-adjustable features that are not available in a less costly wheelchair (e.g., pediatric size and growth options).

## 2. Tilt-in-Space Wheelchairs

Pediatric tilt-in-space wheelchairs (E1233, E1234) satisfy the medical needs of the average sized child and feature growth capability, attendant or user controlled tilt, multi position tilt, transit system, attendant handles, 10-18" width, 13-18" depth and standard back heights. Adult tilt-in-space wheelchairs (E1161) satisfy the medical needs of the average sized adult and feature attendant or user controlled tilt, multi position tilt, attendant handles, 10-19" width and standard depth and back height. Tilt-in-space wheelchairs are covered when **both** A and B are met:

- A. The patient is dependent for transfers, **and**
- B. The patient has a plan of care that addresses the medical need for frequent positioning changes (e.g., for pressure reduction or tube feeding) that do not always include a tilt position.

## 3. Fully reclining back option

A manual fully reclining back option (E1226) is covered if the patient has one or more of the following conditions:

- A. The patient is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; or
- B. The patient utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed.

Questions: Call the Pre-Payment Review Group at (518) 474-8161