

#### **Health Resources Division:**

Durable Medical Equipment Program

#### **Effective Date:**

1/1/2025

## Subject:

Coverage criteria for wheelchairs and related seating for nursing facility residents

Wheelchairs and Related Seating for Nursing Facility Residents Coverage Criteria

### 1. Purpose

This policy clarifies coverage for wheelchairs and wheelchair seating systems for members in nursing facilities. It serves as a supplement to the Local Coverage Determination (LCD) from the Medicare Region D DME MAC and is not applicable to individuals who are not nursing facility residents.

## 2. Coverage Criteria

Coverage is subject to the medical necessity criteria outlined in the Medicare Region D DME MAC LCDs related to wheelchairs and wheelchair seating. In addition to meeting all Medicare requirements, the following specific criteria must be met.

### Wheelchairs in Nursing Facilities

- Standard wheelchairs (K0001) are included in the nursing facility's per diem rate and are not covered as separately billable items under the DME program.
- All other wheelchairs, including tilt-in-space models, will be considered for purchase as a separately billable item under the DME program.
- Wheelchairs must be used primarily for mobility.

#### Roll-about Chairs

 Roll-about chairs (also known as transport or mobile geriatric chairs) are not considered wheelchairs. Like standard wheelchairs, roll-about chairs are considered included in the nursing facility's per diem rate and are not covered as a separately billable time under the DME program.

### Wheelchair Seating in Nursing Facilities

- A wheelchair seating system for an existing wheelchair (e.g., a facility-provided, member-owned, or donated chair) may be covered when:
  - It is the least costly alternative that meets the member's positioning needs.

- An evaluation by a licensed clinician who is not an employee of or otherwise paid by a supplier has been conducted and documented through a comprehensive written evaluation report.
- Based on the purpose of the seating system, specific documentation is required to support medical necessity:

## Seating Systems for Increased Independence

- When a seating system is requested to increase a member's independence, documentation must demonstrate all the following:
  - The member can self-propel to specific destinations (e.g., to and from the dining room, to and from the activity room).
    - The member is capable of safely selfpropelling without causing potential harm.
  - The seating system will enable the member to do a functionally independent task, such as self-feeding.
  - The member is alert, oriented, and able to be completely independent in the use of the wheelchair after the adapted seating system is in place.

# Seating Systems for Positioning Purposes

- Seating systems for positioning purposes will be reviewed on a case-by-case basis.
- Documentation must include all the following:
  - Mobile geriatric chairs and standard off-the-shelf seating products were trialed and found to be ineffective.
  - Simple positioning devices such as rolled towels, blankets, or pillows did not meet the member's positioning needs.
  - The nursing staff is unable to accomplish repositioning by any other means when the member is out of bed.
  - The member is not incapacitated to the point that they are bedridden.

### 3. Authorization Requirements

Prior authorization is required for wheelchairs and related seating options. All requests for authorization must include documentation supporting coverage in

accordance with the applicable Medicare Region D DME MAC, Local Coverage Determination, and Billing and Coding Articles.

In addition, documentation for all wheelchair and seating system requests must include a copy of the comprehensive written evaluation. The evaluation must detail the medical necessity for the equipment and specifically address all relevant criteria outlined in the Coverage Criteria section above.

### Seating Systems for Increased Independence

 The documentation must confirm the member's ability to self-propel, perform a functional task, and safely use equipment.

### Seating Systems for Positioning Purposes

 The documentation must provide evidence that all less costly alternatives have been attempted and ruled out.

<u>Submit prior authorization requests to Mountain Pacific, the Department's utilization review contractor, through the Qualitrac Portal.</u>

### 4. Equipment Ownership

When DME items are purchased under these coverage guidelines, the equipment is considered owned by the member, not the nursing facility.

#### **Version History**

<b>Version Number</b>	Revision Date	Summary Changes
1	N/A	None – Original posting.