

Clinical UM Guideline

Subject:	Wheeled Mobility Devices: Manual Wheelchairs-Ultra Lightweight	Publish Date:	12/16/2020
Guideline#:	CG-DME-33	Last Review Date:	11/05/2020
Status:	Reviewed		

Description

This document addresses criteria for ultra-lightweight 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. The appropriate type of wheelchair is determined by assessment and evaluation of body size, medical needs and physical deficits. An ultra-lightweight manual wheelchair is constructed of high strength materials and weighs less than 30 lbs.

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

- CG-DME-24 Wheeled Mobility Devices: Manual Wheelchairs–Standard, Heavy Duty and Lightweight
- CG-DME-31 Wheeled Mobility Devices: Wheelchairs–Powered, Motorized, With or Without Power Seating Systems and Power Operated Vehicles (POVs)
- CG-DME-34 Wheeled Mobility Devices: Wheelchair Accessories

Clinical Indications

Medically Necessary:

An ultra 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 an ultra lightweight manual wheelchair; **and**
 3. The individual is willing and able to consistently operate the ultra lightweight manual wheelchair safely OR a caretaker has been trained and is willing and able to assist with or operate the ultra lightweight manual wheelchair when the individual's condition precludes self operation of the lightweight manual wheelchair; **and**
- B. The individual has a severe medical condition that prevents self-propulsion in a standard or lightweight manual wheelchair; **and**
- C. The ultra lightweight type of manual wheelchair prescribed is based upon the individual's physical/functional assessment and body size.

Repair and replacement of an ultra lightweight manual wheelchair is considered **medically necessary** when needed for normal wear or accidental damage.

This Clinical UM Guideline is intended to provide assistance in interpreting Healthy Blue's standard Medicaid benefit plan. When evaluating insurance coverage for the provision of medical care, federal, state and/or contractual requirements must be referenced, since these may limit or differ from the standard benefit plan. In the event of a conflict, the federal, state and/or contractual requirements for the applicable benefit plan coverage will govern. Healthy Blue reserves the right to modify its Policies and Guidelines as necessary and in accordance with legal and contractual requirements. This Clinical UM Guideline is provided for informational purposes. It does not constitute medical advice. Healthy Blue may also use tools and criteria developed by third parties, to assist us in administering health benefits. Healthy Blue's Policies and Guidelines are intended to be used in accordance with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

Wheeled Mobility Devices: Manual Wheelchairs-Ultra Lightweight

Not Medically Necessary:

Ultra lightweight manual wheelchairs are considered **not medically necessary** for any of the following:

- A. When solely intended for use outdoors; **or**
- B. When the device exceeds the basic device requirements for the individual's condition or needs; **or**
- C. A backup ultra lightweight manual wheelchair in case the primary device requires repair; **or**
- D. The device is mainly to allow the member to perform leisure or recreational activities.

Modifications to the structure of the home environment to accommodate the device (for example, widening doors, lowering counters) are considered **not medically necessary**.

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

K0005 Ultralightweight wheelchair

ICD-10 Diagnosis

All diagnoses

When services are Not Medically Necessary:

For the procedure code 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.

Mobility impairments include a broad range of disabilities that affect a person's independent movement and cause limited mobility. According to the National Center for Medical Rehabilitation Research, an estimated 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. About four million of these individuals use wheelchairs.

Selecting an ultra lightweight manual wheelchair is individualized and must consider the user's impairment, level of function, medical condition, surrounding environment, activity level, seating and positioning needs.

This Clinical UM Guideline is intended to provide assistance in interpreting Healthy Blue's standard Medicaid benefit plan. When evaluating insurance coverage for the provision of medical care, federal, state and/or contractual requirements must be referenced, since these may limit or differ from the standard benefit plan. In the event of a conflict, the federal, state and/or contractual requirements for the applicable benefit plan coverage will govern. Healthy Blue reserves the right to modify its Policies and Guidelines as necessary and in accordance with legal and contractual requirements. This Clinical UM Guideline is provided for informational purposes. It does not constitute medical advice. Healthy Blue may also use tools and criteria developed by third parties, to assist us in administering health benefits. Healthy Blue's Policies and Guidelines are intended to be used in accordance with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

Wheeled Mobility Devices: Manual Wheelchairs-Ultra Lightweight

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 those with multiple sclerosis (MS) used wheelchairs for mobility assistance. This disease causes a wide variety of neurological deficits with ambulatory impairment being the first symptom and most common form of disability in those with MS. 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 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.

Cherubini and colleague (2012) conducted an observational study of 150 wheelchair users (n=80 men, n=70 women) with an average age of 46.7 ± 17.3 years, to analyze the congruence of the prescribed wheelchair and the individual's mobility needs. The subjects had varied disabilities, 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, it was concluded that wheelchair prescriptions should be based on careful assessment of mobility needs and improved collaboration between physicians and technicians.

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.

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.
2. McLaurin CA, Axelson P. Wheelchair standards: an overview. *J Rehabil Res Dev Clin Suppl.* 1990; (2):100-103.
3. 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.
4. 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.

This Clinical UM Guideline is intended to provide assistance in interpreting Healthy Blue's standard Medicaid benefit plan. When evaluating insurance coverage for the provision of medical care, federal, state and/or contractual requirements must be referenced, since these may limit or differ from the standard benefit plan. In the event of a conflict, the federal, state and/or contractual requirements for the applicable benefit plan coverage will govern. Healthy Blue reserves the right to modify its Policies and Guidelines as necessary and in accordance with legal and contractual requirements. This Clinical UM Guideline is provided for informational purposes. It does not constitute medical advice. Healthy Blue may also use tools and criteria developed by third parties, to assist us in administering health benefits. Healthy Blue's Policies and Guidelines are intended to be used in accordance with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

Government Agency, Medical Society and Other Authoritative Publications:

- Centers for Disease Control and Prevention. Disability overview. September 4, 2019. Available at: <https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html>. Accessed on September 11, 2020.
- 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. Accessed on September 11, 2020.
- National Census Bureau. Facts for Features: 22nd Anniversary of Americans with Disabilities Act: July 25, 2012. Available at: http://www.census.gov/newsroom/releases/archives/facts_for_features_special_editions/cb12-ff16.html. Accessed on September 11, 2020.
- National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR). Updated February 27, 2020. Available at: <https://www.acl.gov/about-acl/about-national-institute-disability-independent-living-and-rehabilitation-research>. Accessed on September 11, 2020.

Index

Ultra Lightweight Wheelchair
Wheelchair

History

Status	Date	Action
Reviewed	11/05/2020	Medical Policy & Technology Assessment Committee (MPTAC) review. Updated References section. 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 discussion and ADLs definition. Updated Reference section.
Revised	02/02/2017	MPTAC review. Removed “Note” below medically necessary criteria for repairs and replacement for ultra-lightweight manual wheelchairs. Updated formatting in clinical indications section. Updated Discussion and Reference sections.
Revised	02/04/2016	MPTAC review. Clarified medically necessary criteria for ultra-lightweight manual wheelchairs. Reformatted clinical indication section. Added note to medically necessary criteria for repairs and replacement for ultra-lightweight 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 assessment criteria. Updated Description and References.
Reviewed	02/13/2014	MPTAC review. Updated Websites.
Revised	02/14/2013	MPTAC review. Reformatted not medically necessary statement. Updated Description, References and Websites.
Reviewed	02/16/2012	MPTAC review. Discussion and References updated.
Reviewed	02/17/2011	MPTAC review. Discussion and References updated.

This Clinical UM Guideline is intended to provide assistance in interpreting Healthy Blue’s standard Medicaid benefit plan. When evaluating insurance coverage for the provision of medical care, federal, state and/or contractual requirements must be referenced, since these may limit or differ from the standard benefit plan. In the event of a conflict, the federal, state and/or contractual requirements for the applicable benefit plan coverage will govern. Healthy Blue reserves the right to modify its Policies and Guidelines as necessary and in accordance with legal and contractual requirements. This Clinical UM Guideline is provided for informational purposes. It does not constitute medical advice. Healthy Blue may also use tools and criteria developed by third parties, to assist us in administering health benefits. Healthy Blue’s Policies and Guidelines are intended to be used in accordance with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

Wheeled Mobility Devices: Manual Wheelchairs-Ultra Lightweight

New 02/25/2010 MPTAC. Initial document development to specifically address ultra-lightweight manual wheelchairs formerly contained in CG-DME-24.

Pre-Merger Organizations	Last Review Date	Document Number	Title
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
Anthem Midwest	05/27/2005	DME 022	Powered, And Accessories Power Operated Vehicles
WellPoint Health Networks, Inc.	09/23/2004	Guideline	Motorized Assistive Devices

This Clinical UM Guideline is intended to provide assistance in interpreting Healthy Blue's standard Medicaid benefit plan. When evaluating insurance coverage for the provision of medical care, federal, state and/or contractual requirements must be referenced, since these may limit or differ from the standard benefit plan. In the event of a conflict, the federal, state and/or contractual requirements for the applicable benefit plan coverage will govern. Healthy Blue reserves the right to modify its Policies and Guidelines as necessary and in accordance with legal and contractual requirements. This Clinical UM Guideline is provided for informational purposes. It does not constitute medical advice. Healthy Blue may also use tools and criteria developed by third parties, to assist us in administering health benefits. Healthy Blue's Policies and Guidelines are intended to be used in accordance with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.