

# SOUTHERN MEDICAL

## Home Medical Equipment

### STANDARD WHEELCHAIR COVERAGE GUIDELINES

A manual wheelchair for use inside the home is covered if:

- Criteria A, B, C, D, and E are met; and
  - Criterion F or G is met.
- A. The beneficiary has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home. A mobility limitation is one that:
1. Prevents the beneficiary from accomplishing an MRADL entirely, or
  2. Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; or
  3. Prevents the beneficiary from completing an MRADL within a reasonable time frame.
- B. The beneficiary's mobility limitation cannot be sufficiently resolved using an appropriately fitted cane or walker.
- C. The beneficiary's home provides adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided.
- D. Use of a manual wheelchair will significantly improve the beneficiary's ability to participate in MRADLs and the beneficiary will use it on a regular basis in the home.
- E. The beneficiary has not expressed an unwillingness to use the manual wheelchair that is provided in the home.

**106 FREE HILL RD HENDERSONVILLE, TN 37075 TEL: 615.822.8888 FAX 615.822.8280**

**480 E. MAIN ST GALLATIN TN 37066 TEL: 615.575.5080 FAX 615.575.5083**

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- F. The beneficiary has sufficient upper extremity function and other physical and mental capabilities needed to safely self-propel the manual wheelchair that is provided in the home during a typical day. Limitations of strength, endurance
- G. range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function.
- H. The beneficiary has a caregiver who is available, willing, and able to aid with the wheelchair.

\*This information should be in the medical records or progress notes for the patient. Do not fill-in this form.

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