Anthem

Clinical UM Guideline

Subject: Wheeled Mobility Devices: Manual Wheelchairs-Ultra Lightweight
Guideline #: CG-DME-33
Status: Reviewed
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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 Powered Wheeled Mobility Devices
- 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 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.

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. In 2022, the National Center for Medical Rehabilitation Research (NCMRR) Program, estimates that 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. According to the Centers for Disease Control and Prevention (2020) there are three dimensions of disability: impairment, activity limitations, and participation restrictions. In the Americans with Disabilities Act the census estimated that over 4% of the United States population has moderate to severe disability requiring an individual to use a wheelchair to assist with mobility. Nearly 4 million Americans, aged 15 years and older are required to use a wheelchair (National Census Bureau, 2012).

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.

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 individuals 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.

Government Agency, Medical Society and Other Authoritative Publications:

1. Centers for Disease Control and Prevention. Disability and health overview. September 16, 2020. Available at: https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html. Accessed on August 24 , 2023.
2. Centers for Medicare & Medicaid Services. National Coverage Decision (NCD) for Mobility Assistive Equipment (MAE) NCD# 280.3. Effective May 5, 2005. Available at: https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=219&ncdver=2&keyword=wheelchairs&keywordType=starts&areaId=all&docType=NCD&contractOption=all&sortBy=relevance&bc=1. Accessed on August 24 , 2023.
3. National Census Bureau. Facts for Features: Anniversary of Americans with Disabilities Act: July 26, 2021. Available at: Anniversary of Americans With Disabilities Act: July 26, 2021 (census.gov) Accessed on August 24, 2023.
4. National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR). Updated August 1, 2022. Available at: https://www.acl.gov/about-acl/about-national-institute-disability-independent-living-and-rehabilitation-research. Accessed on August 24, 2023.

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Ultra Lightweight Wheelchair
Wheelchair

History

Status	Date	Action
Reviewed	11/09/2023	Medical Policy & Technology Assessment Committee (MPTAC) review. Revised grammatical error in Definitions Section. Updated References Section.
Reviewed	11/10/2022	MPTAC review. Updated Description, Discussion and References sections.
Reviewed	11/11/2021	MPTAC review. Updated Discussion and References sections.
Reviewed	11/05/2020	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.
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 Powered, And Accessories
Anthem Midwest	05/27/2005	DME 022	Power Operated Vehicles
WellPoint Health Networks, Inc.	09/23/2004	Guideline	Motorized Assistive Devices

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