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The Department of Vermont Health Access
Supplement to InterQual® Criteria

Note: DVHA utilizes InterQual® criteria as a resource for coverage determination. In order to ensure compliance with other relevant [Health Care Rules](#) and requirements, DVHA may base coverage determinations on information supplemental to InterQual® criteria. See services listed below.

To access InterQual® criteria, please log into your account at the [Vermont Medicaid Portal](#), go to secure options and click on InterQual® Solution from the dropdown menu.

Subject: Manual Wheelchairs (MWCs)
Last Review: December 17, 2024*
Past Revisions: N/A

***Please note: Most current content changes will be highlighted in yellow.**

Description of Service or Procedure

Manual wheelchairs (MWCs) are wheeled mobility devices that are propelled only by human effort. The purpose of the device is to provide mobility. A wheelchair is not a transportation device.

Criteria Supplemental to InterQual®

In addition to the guidance provided by InterQual®, the following information should be considered by DVHA reviewers:

InterQual® criteria for manual wheelchairs are broader than Medicaid regulations permit. Healthcare Common Procedure Coding System (HCPCS) coding definitions can often help to clarify which device fits Medicaid regulation for coverage. When the HCPCS definition does not offer sufficient clarification, additional resources may be required. For example, HCPCS codes do not define “lightweight” and “ultralightweight” and InterQual® also does not clearly differentiate between the two in its criteria. For those situations, Medicare has created definitions of each wheelchair, and these definitions are utilized by Medicare to classify specific types of MWCs. These definitions may be useful and are provided below. The member’s medical needs ([Health Care Administrative Rule 4.101](#)) must match the capability of the MWC within the limitations of Medicaid coverage and must be the least expensive, medically appropriate device.

InterQual® also does not use the HCPCS E-codes for most wheelchairs, and instead uses K-codes with additional coding for accessories. **DVHA uses the E-codes when appropriate and does not allow additional coding for accessories when those accessories are part of the definition of the base chair.** Each request must clearly demonstrate medical necessity for the accessories



included with the base code (for example: detachable armrests or elevating leg rests). Consult the HCPCS coding manual or other professional coding resources and read all code definitions carefully to determine the correct code. Also, review the definitions below, which are directly from the Medicare Local Coverage Determination (LCD) for wheelchairs.

Medicaid Rule - substantively updated effective 1/7/19:

All covered wheelchairs must:

- Meet the member's medical needs (HCAR 4.101);
- Match the capability of the device/accessories to the member's medical needs within the limitations of Medicaid coverage; and
- Be the least expensive, medically appropriate device (Medicaid Rule [7102.2](#)).

Manual wheelchairs (MWCs) are covered when medically necessary.

Wheelchairs and mobility devices are considered medically necessary when a member has a mobility limitation that significantly impairs their ability to:

- (1) Participate in one or more mobility related activities of daily living (MRADLs: toileting, feeding, dressing, grooming, and bathing) in or outside of the home,
- (2) Access authorized Medicaid transportation to medical services, or
- (3) Exit the home within a reasonable timeframe.

In addition to the guidance provided by InterQual®, the following information should be considered by DVHA reviewers:

Adult Manual wheelchairs are those which have a seat width and a seat depth of 15" or greater. For codes K0001-K0009 [and E1050-E1224, E1240-E1295], the wheels must be large enough and positioned such that the wheelchair could be propelled by the user. Note that wheelchair poundage represents the weight of the usual configuration of the wheelchair with a seat and back but without front rigging (leg rests). The following features are included in the allowance for all adult manual wheelchairs:

- Seat width: 15-19"
- Seat depth: 15-19"
- Any seat height

In order for a member to qualify for a:

Standard wheelchair: The member must:

- be capable of propelling a MWC weighing greater than 36 pounds or be a non-self-propeller AND/OR
- require a seat height of 19" or greater AND/OR
- weigh less than or equal to 250 pounds.

Standard hemi (low seat) wheelchair: The member must:

- require a seat of 19" or lower to self-propel with feet or require a low seat for function AND
- be capable of propelling a MWC weighing greater than 36 pounds or be a non-self-propeller AND/OR
- weigh less than or equal to 250 pounds

Lightweight wheelchair: The member must:

- require a MWC weighing 34-36 pounds to **self-propel** AND/OR

- weigh less than or equal to 250 pounds

High strength, lightweight wheelchair: The member must:

- require a MWC weighing less than 34 pounds to **self-propel** AND/OR
- require lifetime warranty on side frames and cross braces. (Note: check with the manufacturer to determine if “lifetime” means life of the member, life of the chair, or predicted life of the chair which is considered 5 years. Document the manufacturer response, so if a component requires replacement, a determination can be made as to whether the item should be covered by warranty or by Medicaid.)

Ultralightweight wheelchair: The member must:

- require a MWC weighing less than 30 pounds to **self-propel** AND/OR
- require lifetime warranty on side frames and cross braces. (Note: check with the manufacturer to determine if “lifetime” means life of the member, life of the chair, or predicted life of the chair which is considered 5 years. Document the manufacturer response, so if a component requires replacement, a determination can be made as to whether the item should be covered by warranty or by Medicaid.) AND/OR
- require adjustability in the rear axle position (for stability or to enable efficacious propulsion).

Heavy-duty wheelchair: The member must:

- weigh more than 250 pounds and less than 300 pounds.

Extra heavy-duty wheelchair: The member must:

- weigh more than 300 pounds.

Tilt in Space wheelchair: The member must:

- require the chair to be able to tilt to greater than or equal to 20 degrees from horizontal while maintaining the same back to seat angle AND
- require a lifetime warranty on side frames and cross braces. (Note: check with the manufacturer to determine if “lifetime” means life of the member, life of the chair, or predicted life of the chair which is considered 5 years. Document the manufacturer response, so if a component requires replacement, a determination can be made as to whether the item should be covered by warranty or by Medicaid.)

Reclining/semi reclining wheelchair: the member must:

- require the chair to recline for a medical purpose. For most post-operative situations, semi-reclining chairs meet the medical need. Fully reclining chairs may be needed for members who must transfer in a supine position, or who must attain a supine position during the day for rest purposes or other medical purpose such as catheterization.

Other: there is a code for other manual wheelchair/base if the MWC requested fits no other wheelchair HCPCS code.

Accessories/components:

Elevating legrests: are required when the member has a brace, cast, or range of motion deficit that requires that the knee be supported in extension. They may be required for certain members with lower extremity edema, however elevating legrests and semi-reclining backs do not position the leg higher than the heart and so have limited benefit in controlling edema.

Removable armrests: are required when the member must perform sliding board transfers, or squat-pivot transfers where the member cannot raise their trunk enough to get over a fixed armrest.

It is unacceptable for a provider to request a certain chair with components not medically required by the member with the rationale that it is the only kind of chair in stock.

Pediatric Manual Wheelchairs have seat widths and/or depths of less than or equal to 14". They must also be adjustable to allow growth.

Seating systems: Chairs coded as being "without seating systems" are chairs that do not come with a seating system; seating systems for positioning and skin integrity preservation are added to these chairs. Chairs coded as being "with seating systems" have basic, non-customized seating systems included with the base chair.

Rigid/folding: Rigid chairs do not have folding frames and have the benefit of sturdiness; folding chairs have the benefit of easier portability. Rigid chairs are generally collapsible rather than folding.

DVHA Information and Education

On the [DVHA forms webpage](#), documentation provided in the Wheelchair Positioning Evaluation and Prescription Form or the Wheelchair Basic and Rental Evaluation and Prescription Form is advisory in nature. The purpose of the forms is to assist equipment prescribers and durable medical equipment providers to successfully complete a Vermont Medicaid request for a mobility device. Use of the DVHA forms will facilitate the prior authorization process and result in more timely equipment acquisition. Always use the most current version of all DVHA forms and fill them out completely to avoid delays and denials.

Documentation: All documentation must match. The device(s) medically needed by the member and the code(s) requested for authorization and coverage must be consistent throughout the documentation submitted. It is the responsibility of the vendor to ensure that all documentation matches the medical needs of the member and is consistent. For example, if the physician reports a need for a standard wheelchair with detachable armrests because the member needs to use a sliding board for transfers, but the facility case manager documents the need for a standard wheelchair only and the vendor requests a code for a wheelchair with elevating legrests and fixed arms, then that submission will be denied until all documentation matches and exactly reflects the medical needs of the member.

Dual eligible members:

Medicare only covers a level of device that is required for in-home use. Vermont Medicaid's coverage is more expansive. Medicare has a prior authorization system for certain wheelchairs, and it must be obtained before Medicaid can consider a request for a dual eligible member. When a device does not meet Medicare criteria but does meet Vermont Medicaid criteria, Vermont Medicaid can cover the device. It is necessary to clearly state on the Notice of Decision (NOD) that Medicare will not cover so that the claim can be paid. Please see the DVHA Provider Manual Durable Medical Equipment Supplement for details. If Medicare would have covered a higher level of device for the member per their diagnosis or per chair accessories/configuration, Medicaid will honor the coverage of the higher-level device.

Advanced Determination for Medicare Coverage (ADMC) and Prior Authorizations: If a wheelchair is requested for a dual eligible member, where there is an opportunity to obtain an ADCM/Medicare Prior Authorization, the DVHA expects the provider to do so. Codes for which

ADMCs/PAs are available for MWCs are: E1161, E1231, E1232, E1233, E1234, K0005, K0008 and K0009.

Dual eligible Notice of Decision (NOD) language:

If it is **not** clear that Medicare will not cover the chair, the notice of decision from Vermont Medicaid will state: “Medical necessity has been met under HCAR 4.101. The provider must bill the primary insurer first because Medicaid is payer of last resort (Medicaid Rule 7108).”

If it **is** clear that Medicare will not cover the chair, the Vermont Medicaid notice of decision will state: “Medical necessity has been met under HCAR 4.101. Supplier may bill Medicaid directly.”

Devices specifically for school use: If a device is only required for the school setting, the device is the responsibility of the school and not medical model Medicaid. The school may cover the device and then petition the Agency of Education to request Medicaid funding.

Devices specifically for vocational purposes: If a higher-level device is needed for vocational purposes than for home use, the member must be directed to the Department of Vocational Rehabilitation, now known as HireAbility.

Devices specifically for nursing home residents: Medicare does not cover devices for members who reside in nursing homes. Members, including dual eligible members who reside in a nursing home, may obtain Medicaid coverage for a mobility device, seating system or accessories if the item is so unique to the member that it would not be useful to other residents (HCAR 4.210.3).

Least expensive, medically necessary: Authorization must not be granted for a device that is not the least expensive, medically necessary chair as determined by the wheelchair evaluation/prescription documentation. For example, a member’s documentation demonstrates a medical need for a lightweight wheelchair as defined below. The vendor reports that they only carry ultralightweight chairs. No documentation has been received to demonstrate that the ultralightweight chair is required to meet the medical need. Therefore, the ultralightweight chair cannot be covered. The vendor can obtain a lightweight chair, or the member can obtain a new vendor.

Equipment protection: MWCs are subject to damage by water and inclement weather. Members who are unhoused may have difficulty keeping the device charged and usable. This information must be communicated to the medical home to determine how best to address housing insecurity to support use of the device.

Rentals:

Payment will be made for rental of one device under the following circumstances:

- (A) While waiting for purchase or repair of a custom chair, when there is no other available option,
- (B) For short-term acute medical conditions,
- (C) During a trial period when no loaner device can be obtained, or
- (D) As part of Medicaid reimbursement requirements for items of durable medical equipment subject to capped rental.

Capped Rental:

VT Medicaid began a capped rental program for certain equipment, including many wheelchairs and certain wheelchair accessories/components. The capped rental list is available at:

<https://vtmedicaid.com/#/resources>.

Overuse injuries: Long term manual wheelchair propulsion may lead to shoulder overuse injuries. Consideration should be given to lighter weight devices, seating and device configurations that optimize propulsive forces, and/or the use of power mobility including power-assist devices.

Long-term use of manual wheelchairs may lead to shoulder overuse injuries related to reaching to higher surfaces. Consideration should be given to an occupational or physical therapy evaluation for home modifications, or device configurations that minimize reaching impact.

For more information on manual wheelchairs, please review the PowerPoint presentations Obtaining Basic and Rental Manual Wheelchairs and Obtaining Complex Manual Wheelchairs, available at: <https://www.vtmedicaid.com/#/providerEducation>

Type of service or procedure not covered (this list may not be all inclusive)

Manual wheelchairs are **NOT** covered for **adults** when their sole purpose is for community mobility. Wheelchairs do not take the place of transportation; they are a form of mobility and replace ambulatory mobility. Coverage for children is more expansive based upon Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertains to the member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

Medicaid Rule

Medicaid and Health Care Administrative Rules can be found at <https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules>

- 7102.2 Prior Authorization Determination
- 4.101 Medical Necessity for Covered Services
- 4.104 Medicaid Non-Covered Services
- 4.106 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services
- 4.209 Durable Medical Equipment
- 4.210 Wheelchairs, Mobility Devices and Seating Systems

Coverage Position

Manual wheelchairs may be covered for members:

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont Office of Professional Regulation's website*, Statute, or rule who is knowledgeable regarding manual wheelchairs, and who provides medical care to the member AND
- When the clinical criteria above are met.

* Vermont's Office of Professional Regulation's website: <https://sos.vermont.gov/opr/>

Clinical criteria for repeat service or procedure

Providers should refer to the [Vermont Medicaid DME limitation list](#) which provides guidance around expected useful lifetime for DME devices. This list applies to services for all Vermont Medicaid members, regardless of ACO attribution status. It is DVHA expectation that providers document medical necessity to justify services or items provided in excess of these limitations.

Device replacement may be medically necessary when the device has been outgrown, no longer meets the medical need, is no longer repairable, or repair would cost more than 50% of the cost of a new device. DVHA expectation is that the device last at least 5 years.

Type of service or procedure covered

Medically necessary manual wheelchairs.

Coding guidelines

Please see the [Vermont Medicaid fee](#) schedules for code coverage, and applicable requirements.

InterQual® also does not use the HCPCS E-codes for most wheelchairs, and instead uses K-codes with additional coding for components/accessories. **DVHA uses the E-codes when appropriate and does not allow additional coding for accessories when those accessories are part of the definition of the base chair.**

Always use the most specific code for all requested wheelchairs and wheelchair components/accessories. For example, if the member requires a standard wheelchair with detachable armrests and footrests, the vendor **cannot** choose to use the standard wheelchair” code when there is a more specific code available (for example, the code for “wheelchair, detachable arms, desk or full length, swing away detachable footrests”).

The vendor should not bill for components which are already included in the description of the base chair. For example, if the request to Medicaid is for a manual wheelchair with elevating legrests, and the code definition is “Wheelchair, fixed full-length arms, swing away detachable elevating legrests” then the vendor **cannot** bill a separate code for elevating legrests. If the wheelchair request is denied, the vendor **cannot** bill for elevating legrests alone, because no wheelchair has been authorized.

Generic codes: Vendors must not use a code, particularly a generic code, to obtain a higher reimbursement rate than the price on file. For enhanced pricing considerations, refer to the [DVHA Provider Manual Durable Medical Equipment Supplement](#).

APPENDIX A: DEFINITIONS

Manual Wheelchairs (MWC):

Adult manual wheelchairs are those which have a seat width and a seat depth of 15” or greater, and the wheels must be large enough and positioned such that the wheelchair could be propelled by the user.

A complete manual wheelchair base includes:

- A complete frame
- Standard propulsion wheels
- Standard casters
- Standard brakes
- A sling seat, seat pan or seat frame that can accept a seating system

- A sling back, seat back support, or a back frame that can accept a back system
- Standard leg and footrests
- Standard armrests
- Accessory codes can be used for nonstandard components that are not considered part of the base chair.

In addition, the specific wheelchair codes are defined by the following characteristics:

Standard wheelchair

- Weight: Greater than 36 lbs.
- Seat Height: 19" or greater
- Weight capacity: 250 pounds or less

Ultra-lightweight wheelchair

- Weight: Less than 30 lbs.
- Adjustable rear axle position
- Lifetime Warranty on side frames and cross braces

Standard hemi (low seat) wheelchair

- Weight: Greater than 36 lbs.
- Seat Height: Less than 19"
- Weight capacity: 250 pounds or less

Heavy duty wheelchair

- Weight capacity: Greater than 250 pounds

Lightweight wheelchair

- Weight: 34-36 lbs.
- Weight capacity: 250 pounds or less

Extra heavy-duty wheelchair

- Weight capacity: Greater than 300 pounds

High strength, lightweight wheelchair

- Weight: Less than 34 lbs.
- Lifetime warranty on side frames and cross braces

Adult tilt-in-space wheelchair

- Ability to tilt the frame of the wheelchair greater than or equal to 20 degrees from horizontal while maintaining the same back-to-seat angle.
- Lifetime warranty on side frames and cross braces.

Custom manual wheelchair base

- Uniquely constructed or modified for the beneficiary, whose needs cannot be accommodated by any other existing wheelchair
- Lifetime warranty on side frames and cross braces

Additional Notes:

- A Pediatric manual wheelchair is a manual wheelchair with a seat width and/or depth of 14" or less.
- Lightweight, high strength lightweight, ultra-lightweight, heavy duty, extra heavy duty and tilt in space wheelchairs include any seat height.
- Wheelchair weight (lbs.) represents the weight of the usual configuration of the wheelchair with a seat and back but without front riggings.
- The allowance for all adult manual wheelchairs includes: any seat width 15"-19"; any seat depth 15"-19"; arm styles that include fixed, swing away or detachable with a fixed height; footrest styles that include fixed, swing away, or detachable.

(Source: Article A52497, Manual Wheelchair Policy Article, NHIC Corp. revision effective 10/12/23.)

APPENDIX B

Column II codes are included in the allowance for the corresponding Column I code when provided at the same time. When multiple codes are listed in Column I, all the codes in Column II relate to each code in Column I.

Column I	Column II
Rollabout Chair (E1031)	All options and accessories
Transport Chair (E1037, E1038, E1039)	All options and accessories except E0990, K0195
Manual Wheelchair Base (E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009)	E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0069, K0070, K0071, K0072, K0077
E0973	K0017, K0018, K0019
E0990	E0995, K0042, K0043, K0044, K0045, K0046, K0047
E1009, E1010, E1012	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047, K0052, K0053, K0195
K0039	K0038
K0045	K0043, K0044
K0046	K0043
K0047	K0044
K0053	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047
K0069	E2220, E2224
K0070	E2211, E2212, E2224
K0071	E2214, E2215, E2225, E2226
K0072	E2219, E2225, E2226
K0077	E2221, E2222, E2225, E2226
K0195	E0995, K0042, K0043, K0044, K0045, K0046, K0047

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It is recommended that all providers review [DVHA provider manuals](#), including the durable medical equipment supplemental.

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