MONTANA DPHHS DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES	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 self-propelling 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.

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

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

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