



MOBILITY EQUIPMENT

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What are the rules? Remember you must rule out each lower level item. Medicare pays for the least costly alternative.

ITEM REQUIRED

- 1. Cane** - Written order and there is a mobility impairment but potential for ambulation.
- 2. Walker** - Written order and there is mobility impairment that cannot be corrected with a cane but potential for ambulation. Heavy duty would need weight greater than 300 pounds.
- 3. Manual wheelchairs** - Must rule out use of cane/walker.
 - A. Standard** - Rule out cane and walker; does not have to be able to self-propel, but needs manual wheelchair for use within the home.
 - B. Hemi-height** - Needs manual wheelchair; needs lower seat to floor height for transfers and/or to assist with self-propelling with feet.
 - C. Lightweight** - Rule out cane/walker and standard weight manual wheelchair. **MUST** be independent in self-propelling with the lightweight wheelchair (cannot be needed solely for caregiver convenience).
 - D. Heavy-duty base** is covered if patient needs a manual wheelchair and weight is greater than 250 pounds.
 - E. Extra heavy duty** is covered if patient needs a manual wheelchair and weight is greater than 300 pounds.
 - F. A transport chair** (E1037, E1038 or E1039) is covered in lieu of a standard manual wheelchair for use within the home. A transport chair is a 17 pound wheelchair that can be easier for caregivers to handle, but is **NOT** a self-propelling chair. Cost on these chairs is \$230.00.*

With all manual wheelchairs, the first rule to remember is that the need is for **IN THE HOME** and must rule out each lower-level item before a higher level is covered.

**Price subject to change.*