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|  | DETAILED WRITTEN ORDER PRIOR TO DELIVERY | Document #:09.DWO.HCD.19bEffective09/15/2019 | Rev.:C |
| Wheelchair & Wheelchair SeatingK0001, K0002, K0003, K0004, K0006, K0007 – **Wheelchair**E2601, E2602, E2603, E2604, E2607, E2608, E2611, E2612 – **Wheelchair Seating Cushions**E2201, E2202 – **Wheelchair Accessories Non Standard Seat Size** | Page #:1 of 1 |

Initial Date of Medical Necessity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M F Ht: \_\_\_\_\_\_\_\_ Wt: \_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicare #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Need: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (99 = Lifetime) Diagnosis Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Ordered | Code | Detailed Description of Ordered Items |
| CHOOSE ONE |
|  | K0001 | ***Standard Wheelchair*** |
|  | K0002 | ***Standard hemi-wheelchair***: Medical record supports patient requires lower seat height (17”-18”) because: Short stature, or Need to place feet on ground for propulsion. |
|  | K0003 | ***Lightweight Wheelchair***: Medical record supports that patient: Cannot self-propel in a standard wheelchair using arms and/or legs; and Can and does self-propel in a lightweight wheelchair. |
|  | K0004 | ***High strength lightweight wheelchair***: Medical record supports that patient: Self-propels the wheelchair while engaging in frequent activities that cannot be performed in a standard or lightweight wheelchair; and/or Requires seat width, depth, height that cannot be accommodated in a standard, lightweight, or hemi-wheelchair and spends at least two hours per day in the wheelchair. |
|  | K0005 | ***Ultra lightweight wheelchair***: Payment is determined on an individual consideration basis. Documentation must include: Description of patients routine activities; and Types of activities patient frequently encounters; and Information concerning whether or not patient is fully independent in use of the wheelchair; and Description of the K005 features that are needed compared to the K004 base. |
|  | K0006 | ***Heavy-duty wheelchair***: Medicare record supports that patient: Weighs more than 250 pounds; and Has severe spasticity. |
|  | K0007 | ***Extra heavy-duty wheelchair***: Medical record supports patient weighs more than 300 pounds |
| ***A General use seat cushion (E2601, E2602) and a general use wheelchair back cushion (E2611-E2612) are covered for a patient*** ***who has a manual wheelchair or a power wheelchair with a sling/solid seat/back, which meets Medicare coverage criteria for a wheelchair.*** |
| CHOOSE ONE – Seat Cushion |
|  | E2601 | General use Hudson 2” Gel Foam Cushion , width less than 22 inches (No additional diagnosis is required) |
|  | E2602 | General use Hudson 2” Gel Foam Cushion, width 22 inches or greater (No additional diagnosis is required) |
|  | E2603 | Skin Protection Hudson 3” Gel Foam Cushion, width less than 22 inches (additional diagnosis is required)**Current or past history of pressure ulcer or impaired sensation in the area of contact with the seating surface or inability to weight shift** |
|  | E2604 | Skin Protection Hudson 3” Gel Foam Cushion, width 22 inches or greater (additional diagnosis is required)**Current or past history of pressure ulcer or impaired sensation in the area of contact with the seating surface or inability to weight shift** |
|  | E2607 | Skin Protection & Positioning Hudson Cushion, width less than 22 inches (additional diagnosis is required)**If the patient meets the criteria for skin protection cushion and the patient has significant postural asymmetries** |
|  | E2608 | Skin Protection & Positioning Hudson Cushion, width 22 inches or greater (additional diagnosis is required)**If the patient meets the criteria for skin protection cushion and the patient has significant postural asymmetries** |
| CHOOSE ONE – Back Cushion |
|  | E2611 | General use Hudson Back cushion, width less than 22 inches (No additional diagnosis is required) |
|  | E2612 | General use Hudson Back cushion, width 22 inches or greater (No additional diagnosis is required) |
| CHOOSE ONE ACCESSORIES BASE ON WHEELCHAIR NON-STANDARD SEAT FRAME 20” – 27” |
|  | E2201 | Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches |
|  | E2202 | Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 24 inches and less than 27 inches |

Treating Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treating Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NPI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_