

<p style="text-align: center;"><b>DETAILED WRITTEN ORDER PRIOR TO DELIVERY</b></p>		<p>Document #: 09.DWO.HCD.19b Effective 09/15/2009</p>	<p>Rev.:  <b>B</b></p>
<p>Title:</p> <p style="text-align: center;"><b>Wheelchair &amp; Wheelchair Seating</b></p> <p style="text-align: center;">K0001, K0002, K0003, K0004, K0006, K0007 – <b>Wheelchair</b> E2601, E2602, E2603, E2604, E2611, E2612 – <b>Wheelchair Seating</b></p>			<p>Page #:  <b>1 of 1</b></p>

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: \_\_\_\_\_

Ordered	Code	Detailed Description of Ordered Items
<b>CHOOSE ONE</b>		
	K0001	<b>Standard Wheelchair</b>
	K0002	<b>Standard hemi-wheelchair:</b> Medical record supports patient requires lower seat height (17"-18") because: Short stature, or Need to place feet on ground for propulsion.
	K0003	<b>Lightweight Wheelchair:</b> 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	<b>High strength lightweight wheelchair:</b> 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	<b>Ultra lightweight wheelchair:</b> 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	<b>Heavy-duty wheelchair:</b> Medicare record supports that patient: Weighs more than 250 pounds; and Has severe spasticity.
	K0007	<b>Extra heavy-duty wheelchair:</b> Medical record supports patient weighs more than 300 pounds
<p><b>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</b></p>		
<b>CHOOSE ONE</b>		
	E2601	General use Hudson 2" Gel Foam Cushion with Rehab Cover, width less than 22 inches, any height.
	E2602	General use Hudson 2" Gel Foam Cushion with Rehab Cover, width 22 inches or greater, any height.
	E2603	Skin Protection Hudson 3" Gel Foam Cushion with Rehab Cover, width less than 22 inches, any height.
	E2604	Skin Protection Hudson 3" Gel Foam Cushion with Rehab Cover, width 22 inches or greater, any height.
<b>CHOOSE ONE</b>		
	E2611	General use Hudson Flex Back cushion, width less than 22 inches, any height
	E2612	General use Hudson Flex Back cushion, width 22 inches or greater, any height

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

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