

CONFIRMATION OF ORDER – Manual Wheelchair

PROVIDER: Home Health Solutions
501 East Sloan Street
Harrisburg, IL 62946

phone: 618-252-5349
fax: 618-252-2445

NPI: 1215337266
Tax ID #: 371124259

Patient:

Date of Birth:

Order Date:

Insurance:

Length of Need: 99 (in months)

Physician:

NPI:

DIAGNOSIS

| ICD 10 Code | Description |
|-------------|-------------|
|-------------|-------------|

EQUIPMENT/SERVICES

| Quantity | Proc. Code | Item Name/Narrative |
|----------|------------|----------------------------|
| 1 | K0003 | K0001, K0003, K0006, K0007 |

ADDITIONAL MEDICAL INFORMATION *(please check Y for yes or N for no)*

- Y N Does the patient have a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home?
- Y N Patient's mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker.
- Y N Does patient's home provide adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided?
- Y N Will use of a manual wheelchair significantly improve the patient's ability to participate in MRADLs and will patient use it on a regular basis in the home?
- Y N Has patient expressed willingness to use the manual wheelchair that is provided in the home?
- Y N Does patient have sufficient upper extremity function, physical and mental capabilities needed to safely self-propel the manual wheelchair that is provided in the home OR does patient have a caregiver who is available, willing, and able to provide assistance with the manual wheelchair?

FOR LIGHTWEIGHT WHEELCHAIRS _____

- Y N Can patient self-propel in a standard wheelchair in the home?
 - Y N Can patient self-propel in a lightweight wheelchair?
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Physician Signature: _____

Date: _____