

# 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)

**Patient Height:**

**Patient Weight:**

**Physician:**

**NPI:**

## DIAGNOSIS

ICD 10 Code	Description
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## EQUIPMENT/SERVICES

K0001, E2601, E2611 Standard Wheelchair w/ general use w/c seat & back cushion OR	K0001, Standard Wheelchair
K0003, E2601, E2611 Lightweight Wheelchair w/ general use w/c seat & back cushion OR	K0003, Lightweight Wheelchair
K0006, E2602, E2612 Heavy Duty Wheelchair > 250lbs w/ general use w/c seat & back cushion OR	K0006, Heavy Duty Wheelchair > 250lbs
K0007, E2602, E2612 Bariatric Wheelchair > 300lbs w/ general use w/c seat & back cushion OR	K0007, Bariatric Wheelchair > 300lbs

## 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?

**Physician Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_