

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 DOCUMENTATION THAT MUST BE ADDRESSED IN THE MEDICAL RECORD

- 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?
- Patient's mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker.
- Does patient's home provide adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided?
- 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?
- Has patient expressed willingness to use the manual wheelchair that is provided in the home?
- 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 _____

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

Date: _____