

Medicare Prescribing Checklist for Manual Wheelchairs

TO: _____ @ _____ RE: patient _____ DOB _____

Thanks for your referral! We've received your order to provide a **Manual Wheelchair**. However, Medicare requires documentation, indicated by check marks below, to be in our chart before providing the equipment.



If you have questions, please call 989-9902 and ask for _____.



Fax documents to 205-989-9903.

- Documentation of a face-to-face evaluation by a physician or PA/NP/CNS, stating the condition for which the patient needs the wheelchair **dated on, or six months prior, to the date of the order**. Medicare does not cover wheelchairs 'used outside the home'. Stating such will render the order invalid for Medicare claims.
- Write a prescription containing these five elements: 1. patient's name, 2. item of DME ordered, 3. prescriber's National Provider Identifier (NPI), 4. signature of the ordering prescriber, 5. date of the order.
- FOR ALL WHEELCHAIRS - MEDICAL RECORDS DOCUMENT ALL OF THE FOLLOWING ARE MET:**
- the patient has 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; **AND**
 - documentation why the mobility deficit cannot be resolved by the use of a cane or walker; **AND**
 - use of a manual wheelchair will significantly improve the patient's ability to participate in MRADLs and the patient will use it on a regular basis in the home; **AND**
 - the patient has not expressed an unwillingness to use the wheelchair provided in the home; **AND**
 - the patient has sufficient upper extremity function and other physical and mental capabilities needed to safely self-propel the manual wheelchair that is provided in the home during a typical day **OR** the patient has a caregiver who is available, willing, and able to provide assistance with the wheelchair.
- HEMI WHEELCHAIRS (K0002)** medical record supports that the:
- patient requires a lower seat height (17" to 18") because of: Short Stature, **OR**
 - needs to place his/her feet on the ground for propulsion.
- LIGHTWEIGHT WHEELCHAIR (K0003)** medical record supports that the patient:
- cannot self-propel in a standard wheelchair in the home; **AND**
 - can and does self-propel in a lightweight wheelchair.
- HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR (K0004)** medical record supports that the patient:
- self-propels the wheelchair while engaging in frequent activities in the home that cannot be performed in a standard or lightweight wheelchair; **AND/OR**
 - requires a seat width, depth, or height that cannot be accommodated in a standard, lightweight or hemi-wheelchair and spends at least two hours per day in the wheelchair.