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The checklist below is derived from Medicare's Coverage criteria for a Manual Wheelchair. Without the below criteria being fully and legibly documented in the physician's chart notes and Rx, Medical justification has not been met.

### Checklist for Face-to-Face Examination Chart Notes for a Manual Wheelchair

#### Criteria for F2F Chart Notes for Manual Wheelchair - K0001

- Is the **Reason** for the face-to-face encounter conducted by the physician, to evaluate and/or treat the condition that supports the item(s) of DME ordered. –(“follow-up” is not acceptable)
- Is there a description of how the diagnosis limits the patient's condition
- Is there an indication that the beneficiary meets **ALL** below criteria:
  - The beneficiary has a mobility limitation that impairs their ability to participate in MRADL's in the home? (MRADL's: toileting, feeding, dressing, grooming, and bathing)
    - (Mobility Limitation: Prevents, or puts oneself at risk or cannot complete MRADLS Timely fashion) **-AND-**
  - The mobility limitation *cannot* be resolved by the use of an appropriately fitted cane or walker. **-AND-**
  - The beneficiary's home provides adequate access between rooms, maneuvering space, and surfaces for use of the Manual Wheelchair. **-AND-**
  - A manual wheelchair will improve the beneficiary's ability to participate in MRADLs in the home. Does the beneficiary have a willingness to use the manual wheelchair in the home? **-AND-**

There is a caregiver who is available, willing, and able to provide assistance with the wheelchair. If yes, indicate Name and Relation of caregiver - OR - Does the beneficiary have sufficient upper extremity function *and* physical *and* mental capabilities needed to self-propel the manual wheelchair?

#### □ Option for high Strength Lightweight Wheelchair - K0004

- The member self-propels the wheelchair while engaging in frequent activities in the home that cannot be performed in a standard or lightweight wheelchair. (*and/or*)
- The member 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.
- Note: A high strength lightweight wheelchair is rarely medically necessary if the expected duration of need is less than three months (e.g., postoperative recovery).

#### □ Option for Reclining Back Wheelchair–

- In addition to above, the beneficiary is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; or 2) utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed.

- **Option for Elevating Leg Rests–**
  - Does the beneficiary have a musculoskeletal condition or the presence of a cast or brace which prevents 90 degree flexion at the knee **OR**
  - Significant edema of the feet or legs that requires an elevating leg rest **OR**
  - Meets the criteria for and has a reclining back on the wheelchair.
- **Option for Adjustable Armrest–**
  - Does the beneficiary require an arm height that is different than those available using non adjustable arms? Why?
  - Number of hours the beneficiary spend per day in the wheelchair

**Additional Safety Features Indicated**

- **Anti Tippers**
- **Brake Extensions**
- **Heel Loops Seat Belt**

**Detailed Written Order–**

- beneficiary's name,
- item of DME ordered,
- the prescribing practitioner's National Provider Identifier (NPI),
- signature of the ordering practitioner and
- date of the order.
- Is the Detailed written order dated after the F2F, but not more than 6 months old

**We offer K0001 Wheelchairs**

Seat Widths: 18" or 20"  
 Overall Width: 26.5", 28.5"  
 Weight Capacity: 250 lb  
 Item Weight: 41, 43 lbs



**Or upgrade to a K0004 Transformer Wheelchair**

Seat Widths: 18" or 20"  
 Overall Width: 26.5", 28.5"  
 Weight Capacity: 250 lbs  
 Item Weight: 31lbs, 33lbs  
 Without Wheels: 21lbs, 23 lbs

Upgrade is Fee Schedule difference: \$25.00/ month for 13 months

**Please fax your referrals and documentation to 561-290-1434**