The Healthcare Store

944 Melbourne Road Hurst, TX 76053 (817) 589-1110, (800) 789-9192 Fax (817) 595-1984

7 ELEMENT ORDER

Beneficiary name:		-
Item ordered:		_
Date of face-to-face examination:		
Diagnosis/condition relating to need for item:		
Length of need:		
Physician signature:	NPI:	
Signature date:		

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ULTRALIGHT WT MANUAL W/C COVERAGE CRITERIA

Medicare coverage criteria:

An ultra lightweight manual wheelchair (K0005) is covered for a beneficiary if criteria (1) or (2) is met and (3) and (4) are met:

- 1. The beneficiary must be a full-time manual wheelchair user.
- 2. The beneficiary must require individualized fitting and adjustments for one or more features such as, but not limited to, axle configuration, wheel camber, or seat and back angles, and which cannot be accommodated by a K0001 through K0004 manual wheelchair.
- 3. The beneficiary must have a specialty evaluation that was performed by a licensed/certified medical professional (LCMP), such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features (see Documentation Requirements section). The LCMP may have no financial relationship with the supplier.
- 4. The wheelchair is provided by a Rehabilitative Technology Supplier (RTS) that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the patient.

***Please meet coverage criteria through documentation. Medicare will want to see the chart notes to establish medical necessity. Be as objective and detailed as possible.

***Please see our face to face requirements in the packet sent to make sure you are meeting documentation guidlines for your patient to qualify for the equipment.