

MANUAL WHEELCHAIR DOCUMENTATION REQUIREMENTS

Insurance requires the provider to have:

1. A **Prescription** for the "Type Wheelchair" being ordered: "Lightweight or Heavy Duty Wheelchair"
AND
 2. A **Clinical Note** documenting the medical necessity of the specific wheelchair being ordered by the clinician. The note must be in the ***SAME format*** as other medical record entries. Please do NOT put the note in a letter format. The note must include ALL of the following elements for the patient to qualify for a manual wheelchair. Replace blank with applicable diagnosis.
- ❖ **"LIGHTWEIGHT MANUAL WHEELCHAIR" (Propelled by Patient under 251 lbs):**
PATIENT SUFFERS FROM <add diagnosis> AND REQUIRES A LIGHTWEIGHT MANUAL WHEELCHAIR TO ALLOW THEM TO BE INDEPENDENT WITH IN-HOME ADL's. A WHEELCHAIR WILL ALLOW PATIENT TO ACCESS THE BATHROOM OR OTHER AREAS OF THE HOME INDEPENDENTLY ON A REGULAR BASIS. PATIENT IS UNABLE TO SAFELY USE A CANE OR WALKER INDEPENDENTLY. PATIENT CAN SELF PROPEL A LIGHTWEIGHT MANUAL WHEELCHAIR BUT CANNOT PROPEL SELF IN A STANDARD MANUAL WHEELCHAIR DUE TO UPPER EXTREMITY WEAKNESS. PATIENT HAS SUFFICIENT OTHER PHYSICAL, WILLINGNESS AND MENTAL CAPABILITIES TO SAFELY SELF-PROPEL A MANUAL WHEELCHAIR IN THE HOME.
 - ❖ **"STANDARD MANUAL WHEELCHAIR" (Propelled by patient under 251 lbs):**
PATIENT SUFFERS FROM A MOBILITY LIMITATION DUE TO <add diagnosis> AND REQUIRES A MANUAL WHEELCHAIR TO ACCESS THE BATHROOM AND OTHER AREAS OF THE HOME INDEPENDENTLY ON A REGULAR BASIS. PATIENT IS UNABLE TO SAFELY USE A CANE OR WALKER INDEPENDENTLY BUT DOES HAVE SUFFICIENT UPPER EXTREMITY FUNCTION, PHYSICAL, WILLINGNESS AND MENTAL CAPABILITIES NEEDED TO SAFELY SELF-PROPEL A MANUAL WHEELCHAIR IN THE HOME.
 - ❖ **"STANDARD MANUAL WHEELCHAIR" (Caregiver propelled / Patient under 251 lbs):**
PATIENT SUFFERS FROM A MOBILITY LIMITATION DUE TO <add diagnosis> AND REQUIRES A MANUAL WHEELCHAIR WHICH WILL ALLOW PATIENT TO ACCESS THE BATHROOM AND OTHER AREAS OF THE HOME INDEPENDENTLY ON A REGULAR BASIS. PATIENT IS UNABLE TO SAFELY USE A CANE OR WALKER INDEPENDENTLY ON A REGULAR BASIS. PATIENT IS UNABLE TO SELF PROPEL WHEELCHAIR AND WILL REQUIRE ASSISTANCE. PATIENT HAS CAREGIVERS WHO WILL ASSIST IN PROPELLING WHEELCHAIR IN HOME. THE BENEFICIARY HAS NOT EXPRESSED AN UNWILLINGNESS TO USE THE MANUAL WHEELCHAIR THAT IS PROVIDED IN THE HOME.
 - ❖ **"HEAVY DUTY MANUAL WHEELCHAIR" (Patient weight over 250 lbs) :**
PATIENT SUFFERS FROM A MOBILITY LIMITATION DUE TO <add diagnosis> AND REQUIRES A HEAVY DUTY MANUAL WHEELCHAIR DUE TO WEIGHT EXCEEDING 250 LBS. A WHEELCHAIR WILL ALLOW PATIENT TO ACCESS THE BATHROOM AND OTHER AREAS OF THE HOME INDEPENDENTLY ON A REGULAR BASIS. PATIENT IS UNABLE TO SAFELY USE A CANE OR WALKER INDEPENDENTLY BUT DOES HAVE SUFFICIENT UPPER EXTREMITY FUNCTION, PHYSICAL, WILLINGNESS AND MENTAL CAPABILITIES NEEDED TO SAFELY SELF-PROPEL A MANUAL WHEELCHAIR IN THE HOME.

FAX 1.Rx & 2.Clinical Note TO (888) 814-6917

