

Account Executive - Adrian Johnson; Phone (704) 698-5296; Office (704) 846-7503; Fax (704) 846-7911

**Manual Wheelchair Detailed Written Order Prior to Delivery (DWOPD)**

PATIENT'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 PATIENT'S HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 SNF/REHAB/HOSPITAL DISCHARGE DATE: \_\_\_\_\_  
 PRIMARY CARE PHYSICIAN'S NAME: \_\_\_\_\_  
 DIAGNOSIS: \_\_\_\_\_

***The items listed below REQUIRE office visit notes & a physician's SIGNED order prior to delivery.***

**Please check one:**

- STANDARD WHEELCHAIR (K0001)
- STANDARD HEMI WHEELCHAIR (K0002)
- LIGHTWEIGHT WHEELCHAIR (K0003)
- HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR (K0004)
- HEAVY DUTY WHEELCHAIR (PATIENT'S WEIGHT IS BETWEEN 251-300LBS) (K0006)
- EXTRA HEAVY DUTY WHEELCHAIR (PATIENT'S WEIGHT IS OVER 301LBS) (K0007)
- TRANSPORT CHAIR

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| <b>Seat Size:</b><br>Width: _____ Depth: _____<br>Seat to Floor: _____ |
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**Usual and Customary Manual Wheelchair Accessories** - Please check all that apply and justify in your patient notes

**SEAT AND BACK CUSHIONS:**

- GENERAL USE SEAT CUSHION (E2601)
- GENERAL USE SEAT CUSHION WIDTH 22" OR GREATER (E2602)
- SKIN PROTECTION SEAT CUSHION (E2603)
- SKIN PROTECTION SEAT CUSHION WIDTH 22" OR GREATER (E2604)
- POSITIONING SEAT CUSHION (E2605)
- POSITIONING SEAT CUSHION WIDTH 22" OR GREATER (E2606)
- SKIN PROTECTION & POSITIONING SEAT CUSHION (E2607)
- SKIN PROTECTION & POSITIONING SEAT CUSHION WIDTH 22" OR GREATER (E2608)
- GENERAL USE BACK CUSHION (E2611)
- GENERAL USE BACK CUSHION WIDTH 22" OR GREATER (E2612)

**Additional Accessories**

- ARM TRAY - HALF FULL
- ARM TROUGH - R L BOTH
- HARDWARE FOR ARM TROUGH
- ARTICULATING ELEVATING LEG RESTS - R L BOTH
- ELEVATING LEG REST - R L BOTH
- RECLINING BACK, FULLY MANUAL, with ELEVATING LEG RESTS
- SAFETY BELT
- SEAT WIDTH 20 ≥ 24"
- STUMP PAD/RESIDUAL LIMB SUPPORT - R L BOTH

**Basic Accessories**

- ADJUSTABLE HEIGHT ARMS - LENGTH: DESK FULL
- ANTI-TIPPERS
- HEEL LOOPS (BASIC FOOTREST)
- WHEEL LOCK (BRAKE) EXTENSIONS
- SEAT TO FLOOR HEIGHT LESS THAN 17" (K0056)

***Per Medicare guidelines, each item checked above MUST be justified in your face-to-face notes.***

Physician's Printed Name: \_\_\_\_\_ Length of Need: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_

NPI# \_\_\_\_\_

Start/Date of Order\*: \_\_\_\_\_

Co-signing Physician may use billing code G0454 for cosigning face-to-face documentation.

SUBSTITUTION PERMITTED TO PROVIDE QUALIFYING SERVICE

\* - MUST have date of order (or start date) in addition to physician's signature date.