



Fax to Transcend Medical
256-259-1498 fax

Detailed Product Description for Scooter

Patient Name: _____ DOB: _____ Length of Need: _____ (99Y=Lifetime)

Start Date: _____ Date of Face-to-Face Evaluation: _____ Diagnosis: _____

PMD (Power Scooter) Manufacturer Name/Model _____ HCPCS Code: K0800

Narrative: Power Scooter, Group 1 Standard, Patient Weight cap up to and including 300 lbs.

Accessories:

_____ Wheelchair Batteries 12 AH batteries - times two HCPCS Code: K0733

Narrative: Power Scooter accessory, 12 to 24 amp hour sealed lead acid battery

_____ Description: _____ HCPCS Code: _____

Manufacturer Name/Model#: _____

Physician: _____ NPI #: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Physician Signature: _____ Date: _____ Fax: _____