

### Detailed Product Description for PMD

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

Start Date: \_\_\_\_\_ Date of Face to Face Evaluation: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

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\_\_\_\_\_ PMD (Scooter) Manufacturer Name/Model#: \_\_\_\_\_ HCPCS Code: K0800  
*Narrative: Power operated vehicle, group standard, Patient weight cap up to and including 300 lbs.*

\_\_\_\_\_ PMD (Power Wheelchair) Manufacturer Name/Model#: \_\_\_\_\_ HCPCS Code: K0823  
*Narrative: Power Wheelchair, Group 2 Standard, Captain Chair, Patient Weight cap up to and including 300 lbs.*

#### Accessories:

\_\_\_\_\_ Elevating Leg rest, complete assembly times two

Manufacturer Name/Model#: \_\_\_\_\_ HCPCS: K0195

\_\_\_\_\_ Yes \_\_\_\_\_ NO

- 1.) Patient has a musculoskeletal condition or the presence of a cast which prevents 90 degree flexion of the knee or
- 2.) Significant edema of lower extremities or
- 3.) Reclining back wheelchair ordered

\_\_\_\_\_ Wheelchair Batteries U-1 batteries U1-B times two \_\_\_\_\_ HCPCS Code: E2365

*Narrative: Power wheelchair accessory, U-1 sealed lead acid battery, each*

\_\_\_\_\_ Skin Protection wheelchair seat cushion, adjustable, width less than 22 inches and depth

Manufacturer Name/Model#: \_\_\_\_\_ HCPCS Code: E2601

\_\_\_\_\_ Solid Seat Pan (Required for cushions)

Manufacturer Name/Model#: \_\_\_\_\_ HCPCS Code: K0108

\_\_\_\_\_ Description: \_\_\_\_\_ HCPCS Code: \_\_\_\_\_

Manufacturer Name/Model#: \_\_\_\_\_

Physician: \_\_\_\_\_ NPI: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Fax: \_\_\_\_\_