



Detailed Product Description for PMD (Heavy Duty)

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

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

_____ PMD HD (Heavy Duty Power Wheelchair Manufacturer Name/Model #: _____

HCPCS CODE K0825 – Narrative: Power Wheelchair, group 2 heavy duty, captain chair, patient weight capacity 301 lbs. to 450 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 12 volt NF-22 times two _____ HCPCS E2361

Narrative: Power wheelchair accessory, NF-22 sealed lead

_____ 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: _____

Manufacturer Name/Model#: _____ HCPCS Code: _____

Physician: _____ NPI: _____ Phone: _____

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

Physician Signature: _____ Date: _____ Fax: _____