

Detailed Product Description

Patient Name: _____ DOB: _____ Length of Need: _____

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

Diagnosis Codes: _____

POV (Scooter)
Manufacturer Name/Model #: _____ HCPCS Code: K0801
Narrative: Power operated vehicle, group 1 heavy duty, patient wt. cap 301-450 pounds

Power Wheelchair
Manufacturer Name/Model #: _____ HCPCS Code: K0825
Narrative: Power Wheelchair, Grp. 2 heavy duty, captain chair, pt weight cap 301 to 450 lbs.

Accessories:

Elevating Leg rest, Complete assembly X 2
Manufacturer Name/Model #: _____ HCPCS: K0195
____ Yes ____ No

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

Wheelchair Batteries U-1 batteries Invacare U1-B X 2 HCPCS Code: E2361
Narrative: Power wheelchair accessory, 22 NF sealed lead acid battery, each

Skin protection wheelchair seat cushion, adjustable, width greater than 22 inches any depth
Manufacturer Name/Model #: _____ HCPCS Code: E2623

Solid seat pan (Required for cushions)
Manufacturer Name/Model #: _____ HCPCS Code: K0108

Description: _____ HCPCS Code: _____
Manufacturer Name/Model #: _____
Narrative: _____

Physician: _____ NPI: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____