



Fax to Transcend Medical

256-259-1498 Fax

Detailed Product Description for PMD K0821

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

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

PMD (Power Wheelchair) Manufacturer Name/Model _____ HCPCS Code: K0821

Narrative: Power Wheelchair, Group 2 Standard, Portable, Captain Chair, Patient Weight cap up to and including 300

Accessories:

_____ Wheelchair Batteries 18 Ah, 12 V, deep-cycle times 2 of HCPCS Code: K0733

Narrative: Power wheelchair accessory,

_____ Description: _____ HCPCS Code: _____

Manufacturer Name/Model#: _____

Physician: _____ NPI #: _____ Phone: _____

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

Physician Signature: _____ Date: _____ Fax: _____