

**Regarding the patient:**\_\_\_\_\_  
Name\_\_\_\_\_  
Date of Birth

For insurance consideration of the ***Lightweight Manual Wheelchair (K0003)*** you have requested for this patient, ***ALL*** of the following must be documented in the patient's medical records:

1. **Need**

A mobility limitation that impairs the ability to accomplish mobility-related activities of daily living (MRADLs) entirely, safely or within a reasonable time frame; ***AND***

2. **Alternate**

A mobility limitation that cannot be resolved by the use of a cane or walker; ***AND***

3. **Use**

The patient's home provides adequate access, maneuvering space, and surfaces and the patient can safely self-propel the manual wheelchair or there is a caregiver who can assist; ***AND***

4. **Benefit**

The use of a manual wheelchair will significantly improve the ability to participate in MRADLs and the patient will use it on a regular basis in the home (has not expressed and unwillingness to use); ***AND***

5. **Lightweight**

The patient cannot propel in a standard wheelchair in the home but is capable of propelling of self-propelling a lightweight wheelchair without risk of shoulder pain or injury; ***AND***

6. **Accessories**

Justification for all additional accessories: including anti-tippers (for maneuvering surfaces & ramps), seat belt (for tone, seizures, spasticity, or positioning), height adjustable arms (uses wheelchair over 2 hours per day), elevating leg rests (for casting, bracing, edema, or recline feature).

Please note: providing medical records to a supplier is not a violation of the HIPAA privacy rules. Records must show relevant ICD-10 diagnosis code(s) and include the prescribing physician's signature and date.

**Thank you in advance for faxing any Standard Written Order prescription(s) & supporting medical records to Handi Medical Supply at: 651-305-6552**