

Regarding the patient:

\_\_\_\_\_

Name

\_\_\_\_\_

Date of Birth

Dear

For insurance consideration of the **Standard Manual Wheelchair (K0001)** you have requested for this patient, **ALL** of the following must be documented in their 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. **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**