

MEDSTUFF PHYSICIAN'S FACE-TO-FACE GUIDE FOR RECOMMENDING A MANUAL WHEELCHAIR

*****STEP 1.** Physicians are required to perform a complete face to face examination for mobility prescribed equipment. This exam must be documented in your standard record keeping format. The exam must be legibly signed and dated by the physician. During your exam please document answers to the following questions within your office visit note.***

1. What is your patient's height and weight?
2. Does your patient have a mobility limitation that impairs his/her ability to complete activities of daily living in the home? Explain in detail.
3. What activities of daily living require the use of a wheelchair?
4. How will the wheelchair improve the patient's ability to complete activities of daily living?
5. Why can't a cane, crutches or a walker be used?
6. Does the patient have sufficient UE function to use the wheelchair?
7. Does the patient have any other physical limitations that would prevent the use of the wheelchair?
8. Has the beneficiary expressed the willingness and mental capability to use the wheelchair?
9. Does the patient's home provide adequate access between rooms, maneuvering space and surfaces for the use of a manual wheelchair?
10. How many hours per day will the patient spend in the wheelchair?

*****Recommending a Transport Chair*****

A transport chair is covered when the patient qualifies for a manual wheelchair but cannot/does not self-propel and your record must document that the patient has a caregiver who is available, willing and able to provide assistance with the wheelchair.

****Additional Consideration For Patient's With Short Stature 5' Or Under****

1. Does your patient have a shorter stature?
2. Will your patient require a lower seat to floor height for transfers or foot propelling?
3. Will your patient need the wheelchair for greater than 3 months?
4. Is your patient an active user for more than 2 hours per day?

If you answer yes to these questions please see page 2 for additional required information that may qualify your patient for a better fitting chair.



970 S. Oneida St. Unit 1B
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****Additional Consideration and Notes for Lightweight MWC, Hemi Height MWC & High strength Lightweight MWC****

Hemi Height MWC: A standard hemi-wheelchair is covered when the beneficiary requires a lower seat height (17" to 18") because of short stature or to enable the beneficiary to place his/her feet on the ground for propulsion. This must be documented in your face to face exam.

Lightweight MWC: A lightweight wheelchair is covered when a beneficiary cannot self-propel in a standard wheelchair in the home and the beneficiary can and does self-propel in a lightweight wheelchair. This must be documented in your face to face exam.

High Strength Lightweight MWC: A high strength lightweight wheelchair is covered when a patient self-propels the wheelchair while engaging in frequent activities in the home that cannot be performed in a standard or lightweight wheelchair, AND The beneficiary requires a seat width, depth, or height that cannot be accommodated in a standard, lightweight or hemi-wheelchair, and spends at least two hours per day in the wheelchair. This must be documented in your face to face exam.

****Additional Consideration For Patient's With Weight Between 250lbs-700lbs****

Patients with a higher weight will require a wheelchair with a greater weight capacity, a heavy duty or extra heavy duty wheelchair. This need must be documented in your face to face exam along with a weight.

Heavy Duty MWC: A Heavy duty wheelchair is covered if their weight is documented at 250lbs-300lbs pounds or if the patient has sever spasticity.

Extra Heavy Duty MWC: An extra heavy duty wheelchair is covered if the patient's weight is documented at more than 300lbs.

NOTE: Heavy duty is available up 700lb weight capacity but these may need to be special ordered.

*****STEP 2.** Write an initial order (rx) that includes the following information:

1. Patient Name
2. Basic Wheelchair Description (e.g. Standard, Lightweight, high strength, hemi-height MWC)
3. Physician's Signature & Printed Name
4. Physician's NPI
5. The date of the order/order date

*****STEP 3.** Fax your order to MedStuff at **303-456-5170**

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