BECN 15279010523

BINSON'S Medical Equipment & Supplies Since 1953

26834 Lawrence
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Reset Form

Wheelchairs & Accessories - Written Order

Patient Name _____ DOB _____ Account Number _____

Order Date _____ Length of Need, 99 (lifetime) or _____ months Height _____ Weight _____

Diagnosis _____

Wheelchairs

☐ Standard Manual Wheelchair with Anti-Tipping Device, Footrests, Heel Loops, Seatbelt, Wheel Lock Extensions, Back Cushion, and Seat Cushion

☐ Heavy Duty Wheelchair (251 Lbs. +) with Anti-Tipping Device, Footrests, Heel Loops, Seatbelt, Wheel Lock Extensions, Back Cushion, and Seat Cushion

☐ Transport Chair

☐ Heavy-Duty Transport Chair (301 lbs. +)

Optional (if known): Seat width _____ Seat Depth ____

Accessories

☐ Elevating Leg Rests
☐ Residual Limb Support Left / Right
☐ Oxygen Holder
☐ One Arm Drive Left / Right
☐ Transfer Board
☐ Reclining Back w/ Headrest

Cushions

☐ General Use Foam Seat Cushion
☐ General Use Foam Back Cushion
☐ Skin Protection Seat Cushion *(Patient has decubitus ulcers or history of decubitus ulcers on the lower back/sacrum, hip and/or buttock area)*

****Required For *MICHIGAN* Medicaid Patients Only ****

Reason for Medical Necessity (other than diagnosis) _____

Prescribers Printed Name & Credentials _____ NPI _____

Phone _____ Fax _____

Signature _____ Date _____

Medical records must state the medical necessity for each item ordered

Standard Manual Wheelchair

The patient has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs); ***AND***

- The mobility limitation cannot be sufficiently resolved using an appropriately fitted cane or walker; ***AND***
- Use of a manual wheelchair will significantly improve the patient's ability to participate in MRADLs regularly in the home; ***AND***
- The patient has not expressed an unwillingness to use the manual wheelchair that is provided in the home; ***AND***
- The patient has sufficient upper extremity function and other physical and mental capabilities needed to safely self-propel the manual wheelchair provided in the home during a typical day OR has a caregiver who is available, willing, and able to aid with the wheelchair.

Heavy Duty Wheelchairs

The medical record supports that the patient weighs more than 250 pounds.

Transport Chairs

Covered as an alternative to a standard manual wheelchair if all basic coverage criteria are met ***AND***
Must include a description of why the patient cannot use a standard manual wheelchair on their own. Documentation provides specific information that the patient has a caregiver who is available, willing, and able to aid with the transport chair.