

American HomeCare Equipment 3200 N 29th Ave, Hollywood FL 33020 Phone: 954-772-5052 Fax for CPAP: (954)834-1807 Fax: 954-772-5288 customerservice@ahcequip.com Parachute / Go scripts / DME scripts

Guideline Order for Transport Wheelchair

The following documentation is required by Medicare for us to be able to supply a Transport Wheelchair

1) <u>Prescription (Rx)</u> Stating the following:

Transport Wheelchair.

Patients Height and weight.

Patient Diagnosis

Lenght of need (e. g., Lifetime, 1 year, 3 months, etc.)

NPI Number

Signed by a PECOS Enrolled MD.

2) Recent Physician <u>progress note/visit notes</u> indicating the following:

"Ordering a Transport wheelchair... This patient has a mobility limitation that significantly impairs his ability to participate in his activities of daily living (ADL´s) in the home. The mobility limitation cannot be resolved by use of a cane or walker. Patients is NOT able to self-propel a manual wheelchair and is also unable to operate a POV (Scooter) or Power Wheelchair He/ or she does have a caregiver who is willing and able to operate the Transport Wheelchair."

3) Physical Therapy Assessment.