





### **INSTRUCTIONS**

1. This form is for all HCA clients requiring a wheelchair purchased for their use.
2. All spaces must be completed, signed and dated within 60 days of HCA receiving request. Form has been split into two sections. Section 1 may be completed by the vendor or can be completed by the doctor or therapist. Section 2 may only be completed by the doctor or therapist.
3. RX on file means: The vendor must have a physician's prescription in the client's file for any new equipment or new accessories on existing equipment due to a change in medical condition.
4. Please indicate all measurements in inches. Lower leg length is measured from the popliteal crease to base of heel. Upper leg length is measured from back of buttocks to popliteal crease. Hip measurement is measured from hip tissue.
5. Only list those diagnoses and disabilities that apply to the equipment being requested.
6. If a custom back or wheelchair with tilt in space or recline feature is being requested, the information regarding Scoliosis and Kyphosis must be completed.
7. The make/model of wheelchair and each accessory/modification requested must be justified separately. You may use the lines on the physical therapy evaluation form or you may submit an additional attachment listing each item and the medical necessity for them.

When justifying the equipment and accessories the following information is necessary.

- A. Indicate what other less expensive alternatives have been tried or considered and why they will not meet the client's medical needs.
  - B. All justifications must be client specific. General statements as to standards of care or industrial standards for generalized equipment use are not appropriate to justify specific equipment needs.
  - C. When requesting a specialized back or a wheelchair with a tilt-in-space or recline feature, indicate the degree of curvature requiring the modification (e.g. Scoliosis, Kyphosis or Lordosis).
  - D. Indicate if the client has excessive extensor tone/muscle spasticity of the trunk/upper body muscles requiring support or impacting the degree of hip flexion/extension.
  - E. For specialized cushions, indicate what other cushions have been tried, what the documented outcome was and the length of trial or what other cushions were considered and why they will not meet the client's medical needs. Also document if client has an existing decubitus and if so what the stage is. If the client has a history of decubitus, indicate dates, stage, site and duration.
  - F. Indicate if the client has any musculoskeletal conditions, cast or brace that prevents 90-degree flexion of the knee or hip.
8. If client already owns a wheelchair, and a new wheelchair is being requested, indicate the medical reasons the existing wheelchair no longer meets the client's needs. Indicate if it can be repaired or modified to meet the client's needs and if not, why not. If the chair can be repaired or modified to meet the client's needs, the vendor supplying the equipment will need to submit a cost comparison for repairs vs. purchase.