Choice Medical Equipment

Wheelchair Seat Cushion Order Form

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ent Addres	ss:			
/1.5		eet	City State	Zip Phone Numbe
rance w/II) #:			/// Effective Date of C
				Effective butte of e
elchair Sea	t Size:		_"Width X"Depth Diagnosis:Length	n of Need:
HCPCS Code	<u> </u>	roduc	t Description	Must Meet Criteria
o E26	601 G	eneral	Use Wheelchair Seat Cushion, width <22"	Α
o E26	611 G	eneral	Use Wheelchair Back, width <22"	Α
o E2 6	602 G	eneral	Use Wheelchair Seat Cushion, width >22"	Α
o E2 6	612 G	eneral	Use Wheelchair Back, width >22"	Α
o E2 6	503 Sk	in Pro	tection Wheelchair Seat Cushion, width <22"	A and (B or C)
o E26	604 Sk	in Pro	tection Wheelchair Seat Cushion, width >22"	A and (B or C)
o E26	605 Pc	sition	ing Wheelchair Seat Cushion, width <22"	A and D
o E26	606 Pc	sition	ing Wheelchair Seat Cushion, width >22"	A and D
o E2 6	507 S	kin Pro	stection and Positioning Wheelchair Seat Cushion, width <22"	A and (B or C) and D
o E26	508 S	kin Pro	stection and Positioning Wheelchair Seat Cushion, width >22"	A and (B or C) and D
o E26	522 Sk	in Pro	tection Wheelchair Seat Cushion, Adjustable, width <22"	A and (B or C)
F2/	522 Sk	in Pro	tection Wheelchair Seat Cushion, Adjustable, width >22"	A and (B or C)
o E26	J2J J		teetion Wheelenan Seat Casmon, Najastasie, Watti > 22	
			ection and Positioning Wheelchair Seat Cushion, Adjustable, width <22"	A and (B or C) and D
o E26	624 Sk 625 Sk	in Proto	ection and Positioning Wheelchair Seat Cushion, Adjustable, width <22" ection and Positioning Wheelchair Seat Cushion, Adjustable, width >22"	
E26Esponse Box,Criteria A	624 Sk 625 Sk	in Prote in Prote Y for '	ection and Positioning Wheelchair Seat Cushion, Adjustable, width <22" ection and Positioning Wheelchair Seat Cushion, Adjustable, width >22" YES, N for NO, D for DOES NOT APPLY, unless otherwise noted. Patient has a manual wheelchair or a power wheelchair with a meets Medicare coverage criteria.	A and (B or C) and D A and (B or C) and D
o E26 o E26 esponse Box,	624 Sk 625 Sk , circle:	in Protein Prote	ection and Positioning Wheelchair Seat Cushion, Adjustable, width <22" ection and Positioning Wheelchair Seat Cushion, Adjustable, width >22" YES, N for NO, D for DOES NOT APPLY, unless otherwise noted. Patient has a manual wheelchair or a power wheelchair with a meets Medicare coverage criteria. There is a past history or current pressure ulcer in the area of co	A and (B or C) and D A and (B or C) and D
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 E26 Esponse Box, Criteria A Criteria B 	624 Sk 625 Sk , circle:	in Protein Pro	ection and Positioning Wheelchair Seat Cushion, Adjustable, width <22" ection and Positioning Wheelchair Seat Cushion, Adjustable, width >22" YES, N for NO, D for DOES NOT APPLY, unless otherwise noted. Patient has a manual wheelchair or a power wheelchair with a smeets Medicare coverage criteria. There is a past history or current pressure ulcer in the area of cosurface: lower back (707.03); hip (707.04); buttock (707.05)	A and (B or C) and D A and (B or C) and D sling/solid seat/back which ontact with the seating
 E26 Esponse Box, Criteria A Criteria B 	624 Sk 625 Sk , circle:	in Protein Pro	ection and Positioning Wheelchair Seat Cushion, Adjustable, width <22" ection and Positioning Wheelchair Seat Cushion, Adjustable, width >22" YES, N for NO, D for DOES NOT APPLY, unless otherwise noted. Patient has a manual wheelchair or a power wheelchair with a meets Medicare coverage criteria. There is a past history or current pressure ulcer in the area of cosurface: lower back (707.03); hip (707.04); buttock (707.05) If there is absent or impaired sensation in the area of contact we	A and (B or C) and D A and (B or C) and D sling/solid seat/back which ontact with the seating with the seating surface or following diagnoses: spinal
 E26 E26 Sponse Box, Criteria A Criteria B 	624 Sk 625 Sk , circle:	in Protein Pro	ection and Positioning Wheelchair Seat Cushion, Adjustable, width <22" ection and Positioning Wheelchair Seat Cushion, Adjustable, width >22" YES, N for NO, D for DOES NOT APPLY, unless otherwise noted. Patient has a manual wheelchair or a power wheelchair with a smeets Medicare coverage criteria. There is a past history or current pressure ulcer in the area of consurface: lower back (707.03); hip (707.04); buttock (707.05) If there is absent or impaired sensation in the area of contact we inability to carry out a functional weight shift due to one of the	A and (B or C) and D A and (B or C) and D sling/solid seat/back which ontact with the seating with the seating surface or following diagnoses: spinal other spinal cord disease
 E26 E26 Sponse Box, Criteria A Criteria B 	624 Sk 625 Sk , circle:	in Protein Pro	ection and Positioning Wheelchair Seat Cushion, Adjustable, width <22" ection and Positioning Wheelchair Seat Cushion, Adjustable, width >22" YES, N for NO, D for DOES NOT APPLY, unless otherwise noted. Patient has a manual wheelchair or a power wheelchair with a smeets Medicare coverage criteria. There is a past history or current pressure ulcer in the area of consurface: lower back (707.03); hip (707.04); buttock (707.05) If there is absent or impaired sensation in the area of contact with inability to carry out a functional weight shift due to one of the cord injury resulting in quadriplegia or paraplegia (344.0-344.1); (336.0-336.3); multiple sclerosis (340); other demyelinating diseated (343.0); anterior horn cell diseases including amyotrophic lateral	A and (B or C) and D A and (B or C) and D sling/solid seat/back which ontact with the seating with the seating surface or following diagnoses: spinal other spinal cord disease ase(341.9); cerebral palsy sclerosis (335.0-335.21,
 E26 E26 Sponse Box, Criteria A Criteria B 	624 Sk 625 Sk , circle:	in Protein Pro	ection and Positioning Wheelchair Seat Cushion, Adjustable, width <22" ection and Positioning Wheelchair Seat Cushion, Adjustable, width >22" YES, N for NO, D for DOES NOT APPLY, unless otherwise noted. Patient has a manual wheelchair or a power wheelchair with a smeets Medicare coverage criteria. There is a past history or current pressure ulcer in the area of consurface: lower back (707.03); hip (707.04); buttock (707.05) If there is absent or impaired sensation in the area of contact with inability to carry out a functional weight shift due to one of the cord injury resulting in quadriplegia or paraplegia (344.0-344.1); (336.0-336.3); multiple sclerosis (340); other demyelinating diseated (343.0); anterior horn cell diseases including amyotrophic lateral (335.23-335.9), post polio paralysis (138); traumatic brain injury resulting in injury resulting in paralysis (138); traumatic brain injury resulting in paralysi	A and (B or C) and D A and (B or C) and D sling/solid seat/back which ontact with the seating with the seating surface or following diagnoses: spinal other spinal cord disease ase(341.9); cerebral palsy sclerosis (335.0-335.21, esulting in quadriplegia
 E26 E26 Sponse Box, Criteria A Criteria B 	624 Sk 625 Sk , circle:	in Protein Pro	ection and Positioning Wheelchair Seat Cushion, Adjustable, width <22" ection and Positioning Wheelchair Seat Cushion, Adjustable, width >22" YES, N for NO, D for DOES NOT APPLY, unless otherwise noted. Patient has a manual wheelchair or a power wheelchair with a smeets Medicare coverage criteria. There is a past history or current pressure ulcer in the area of courface: lower back (707.03); hip (707.04); buttock (707.05) If there is absent or impaired sensation in the area of contact winability to carry out a functional weight shift due to one of the cord injury resulting in quadriplegia or paraplegia (344.0-344.1); (336.0-336.3); multiple sclerosis (340); other demyelinating disea (343.0); anterior horn cell diseases including amyotrophic lateral 335.23-335.9), post polio paralysis (138); traumatic brain injury r (344.09); spina bifida &741.00-741.93); childhood cerebral deger	A and (B or C) and D A and (B or C) and D sling/solid seat/back which ontact with the seating with the seating surface or following diagnoses: spinal other spinal cord disease ase(341.9); cerebral palsy sclerosis (335.0-335.21, esulting in quadriplegia neration (330.0-330.9);
 E26 E26 Sponse Box, Criteria A Criteria B 	624 Sk 625 Sk , circle:	in Protein Pro	ection and Positioning Wheelchair Seat Cushion, Adjustable, width <22" ection and Positioning Wheelchair Seat Cushion, Adjustable, width >22" YES, N for NO, D for DOES NOT APPLY, unless otherwise noted. Patient has a manual wheelchair or a power wheelchair with a meets Medicare coverage criteria. There is a past history or current pressure ulcer in the area of cosurface: lower back (707.03); hip (707.04); buttock (707.05) If there is absent or impaired sensation in the area of contact winability to carry out a functional weight shift due to one of the cord injury resulting in quadriplegia or paraplegia (344.0-344.1); (336.0-336.3); multiple sclerosis (340); other demyelinating disea (343.0); anterior horn cell diseases including amyotrophic lateral 335.23-335.9), post polio paralysis (138); traumatic brain injury re (344.09); spina bifida &741.00-741.93); childhood cerebral deger Alzeheimer's disease 331.0); Parkinson's disease 332.0); muscula	A and (B or C) and D A and (B or C) and D sling/solid seat/back which ontact with the seating with the seating surface or following diagnoses: spinal other spinal cord disease ase(341.9); cerebral palsy sclerosis (335.0-335.21, esulting in quadriplegia neration (330.0-330.9); or dystrophy (350.0, 359.1);
 E26 Esponse Box, Criteria A Criteria B 	624 Sk 625 Sk , circle:	in Protein Pro	ection and Positioning Wheelchair Seat Cushion, Adjustable, width <22" ection and Positioning Wheelchair Seat Cushion, Adjustable, width >22" YES, N for NO, D for DOES NOT APPLY, unless otherwise noted. Patient has a manual wheelchair or a power wheelchair with a smeets Medicare coverage criteria. There is a past history or current pressure ulcer in the area of consurface: lower back (707.03); hip (707.04); buttock (707.05) If there is absent or impaired sensation in the area of contact with inability to carry out a functional weight shift due to one of the cord injury resulting in quadriplegia or paraplegia (344.0-344.1); (336.0-336.3); multiple sclerosis (340); other demyelinating diseated (343.0); anterior horn cell diseases including amyotrophic lateral 335.23-335.9), post polio paralysis (138); traumatic brain injury resulting in quadriplegia (344.09); spina bifida &741.00-741.93); childhood cerebral deger Alzeheimer's disease 331.0); Parkinson's disease 332.0); muscula hemiplegia (342.00-342.92, 438-20-438.22); Huntington's chorea	A and (B or C) and D A and (B or C) and D sling/solid seat/back which ontact with the seating with the seating surface or following diagnoses: spinal other spinal cord disease ase(341.9); cerebral palsy sclerosis (335.0-335.21, esulting in quadriplegia neration (330.0-330.9); or dystrophy (350.0, 359.1);
© E26 © E26 esponse Box, Criteria A Criteria B Criteria C	624 Sk 625 Sk , circle: Y I	Y for \ I D I D	ection and Positioning Wheelchair Seat Cushion, Adjustable, width <22" ection and Positioning Wheelchair Seat Cushion, Adjustable, width >22" YES, N for NO, D for DOES NOT APPLY, unless otherwise noted. Patient has a manual wheelchair or a power wheelchair with a smeets Medicare coverage criteria. There is a past history or current pressure ulcer in the area of cosurface: lower back (707.03); hip (707.04); buttock (707.05) If there is absent or impaired sensation in the area of contact winability to carry out a functional weight shift due to one of the cord injury resulting in quadriplegia or paraplegia (344.0-344.1); (336.0-336.3); multiple sclerosis (340); other demyelinating disea (343.0); anterior horn cell diseases including amyotrophic lateral 335.23-335.9), post polio paralysis (138); traumatic brain injury r (344.09); spina bifida &741.00-741.93); childhood cerebral deger Alzeheimer's disease 331.0); Parkinson's disease 332.0); muscula hemiplegia (342.00-342.92, 438-20-438.22); Huntington's chorea dystonia (333.6); athetoid cerebral palsy (333.71).	A and (B or C) and D A and (B or C) and D sling/solid seat/back which ontact with the seating with the seating surface or following diagnoses: spinal other spinal cord disease ase(341.9); cerebral palsy sclerosis (335.0-335.21, esulting in quadriplegia meration (330.0-330.9); ar dystrophy (350.0, 359.1); a (333.4); iodiopathic torsion
 E26 Esponse Box, Criteria A Criteria B 	624 Sk 625 Sk , circle:	Y for \ I D I D	ection and Positioning Wheelchair Seat Cushion, Adjustable, width <22" ection and Positioning Wheelchair Seat Cushion, Adjustable, width >22" YES, N for NO, D for DOES NOT APPLY, unless otherwise noted. Patient has a manual wheelchair or a power wheelchair with a smeets Medicare coverage criteria. There is a past history or current pressure ulcer in the area of consurface: lower back (707.03); hip (707.04); buttock (707.05) If there is absent or impaired sensation in the area of contact winability to carry out a functional weight shift due to one of the cord injury resulting in quadriplegia or paraplegia (344.0-344.1); (336.0-336.3); multiple sclerosis (340); other demyelinating disea (343.0); anterior horn cell diseases including amyotrophic lateral 335.23-335.9), post polio paralysis (138); traumatic brain injury resulting in quadriplegia (344.09); spina bifida &741.00-741.93); childhood cerebral deger Alzeheimer's disease 331.0); Parkinson's disease 332.0); muscula hemiplegia (342.00-342.92, 438-20-438.22); Huntington's chorea dystonia (333.6); athetoid cerebral palsy (333.71). The patient has any significant postural asymmetries that are disease.	A and (B or C) and D A and (B or C) and D sling/solid seat/back which ontact with the seating with the seating surface or following diagnoses: spinal other spinal cord disease ase(341.9); cerebral palsy sclerosis (335.0-335.21, esulting in quadriplegia meration (330.0-330.9); or dystrophy (350.0, 359.1); or (333.4); iodiopathic torsion ue to one of the following
© E26 © E26 esponse Box, Criteria A Criteria B Criteria C	624 Sk 625 Sk , circle: Y I	Y for \ I D I D	ection and Positioning Wheelchair Seat Cushion, Adjustable, width <22" ection and Positioning Wheelchair Seat Cushion, Adjustable, width >22" YES, N for NO, D for DOES NOT APPLY, unless otherwise noted. Patient has a manual wheelchair or a power wheelchair with a smeets Medicare coverage criteria. There is a past history or current pressure ulcer in the area of courface: lower back (707.03); hip (707.04); buttock (707.05) If there is absent or impaired sensation in the area of contact winability to carry out a functional weight shift due to one of the cord injury resulting in quadriplegia or paraplegia (344.0-344.1); (336.0-336.3); multiple sclerosis (340); other demyelinating disea (343.0); anterior horn cell diseases including amyotrophic lateral 335.23-335.9), post polio paralysis (138); traumatic brain injury r (344.09); spina bifida &741.00-741.93); childhood cerebral deger Alzeheimer's disease 331.0); Parkinson's disease 332.0); muscula hemiplegia (342.00-342.92, 438-20-438.22); Huntington's chorea dystonia (333.6); athetoid cerebral palsy (333.71). The patient has any significant postural asymmetries that are didiagnoses: Any diagnosis in Criteria C, above OR Monoplegia of the cord of th	A and (B or C) and D A and (B or C) and D sling/solid seat/back which ontact with the seating with the seating surface or following diagnoses: spinal other spinal cord disease ase(341.9); cerebral palsy sclerosis (335.0-335.21, esulting in quadriplegia meration (330.0-330.9); or dystrophy (350.0, 359.1); or (333.4); iodiopathic torsion ue to one of the following the lower limb (344.30-344.32)
© E26 © E26 esponse Box, Criteria A Criteria B Criteria C	624 Sk 625 Sk , circle: Y I	Y for \ I D I D	ection and Positioning Wheelchair Seat Cushion, Adjustable, width <22" ection and Positioning Wheelchair Seat Cushion, Adjustable, width >22" YES, N for NO, D for DOES NOT APPLY, unless otherwise noted. Patient has a manual wheelchair or a power wheelchair with a meets Medicare coverage criteria. There is a past history or current pressure ulcer in the area of consurface: lower back (707.03); hip (707.04); buttock (707.05) If there is absent or impaired sensation in the area of contact winability to carry out a functional weight shift due to one of the cord injury resulting in quadriplegia or paraplegia (344.0-344.1); (336.0-336.3); multiple sclerosis (340); other demyelinating disea (343.0); anterior horn cell diseases including amyotrophic lateral 335.23-335.9), post polio paralysis (138); traumatic brain injury re (344.09); spina bifida &741.00-741.93); childhood cerebral deger Alzeheimer's disease 331.0); Parkinson's disease 332.0); muscula hemiplegia (342.00-342.92, 438-20-438.22); Huntington's chorea dystonia (333.6); athetoid cerebral palsy (333.71). The patient has any significant postural asymmetries that are diagnoses: Any diagnosis in Criteria C, above OR Monoplegia of t 4388.40-438.42) due to stroke, traumatic brain injury, or other experience of the content	A and (B or C) and D A and (B or C) and D sling/solid seat/back which ontact with the seating with the seating surface or following diagnoses: spinal other spinal cord disease ase(341.9); cerebral palsy sclerosis (335.0-335.21, esulting in quadriplegia heration (330.0-330.9); or dystrophy (350.0, 359.1); or dystrophy (350.0, 359.1); or dystrophy (360.0, 369.1); or dystrophy (360.0, 360.1); or dystrophy (360.0, 360.1
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Physician Name: ______ NPI: _____