

Medical Management & Policies

Fax Number: 412-544-2921

Certificate of Medical Necessity (CMN) for Customized Manual Wheelchair

Date: ____/____/____ **Requesting Provider:** _____

Pt. Name: _____ **I.D. Number:** _____

1. Does the patient require and use a wheelchair for mobility in their residence? <i>(Meaning 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) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home.)</i>	Y	N
2. What is the patient's diagnosis that supports the medical necessity of this wheelchair?		
3. Does the patient have quadriplegia, a fixed hip angle, a trunk cast or brace, excessive extensor tone of the trunk muscles or a need to rest in a recumbent position two or more times during the day?	Y	N
4. Does the patient have a cast, brace or musculoskeletal condition, which prevents 90 degree flexion of the knee, or does the patient have significant edema of the lower extremities that requires an elevating leg rest?	Y	N
5. Does the patient have a need for arm height different than that available using non-adjustable arms?	Y	N
6. How many hours per day does the patient usually spend in the wheelchair?		
7. Is the patient able to adequately self propel (without being pushed) in a standard weight manual wheelchair?(Adequate upper body strength)	Y	N
If "No" would the patient be able to adequately self – propel (without being pushed) in the wheelchair which is being considered? (lightweight)	Y	N
8. What is the patient's current body weight?		
9. Does the patient require 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	Y	N
10. Was the information included on this CMN approved by the ordering physician?	Y	N

Contact Name: _____ **Phone :** _____

Physician Signature (Stamps are not acceptable) **Date**

Key - (Y)es, (N)o

Requested Information:
1. Typed office note with pertinent information.