

Evaluated By: _____

Company: _____

Mark For: _____

Address: _____

Date: _____

Account #: _____

Phone: _____

GOLDEN COMPASS™ POWER BASE with Van / Pan Seat - Center-Wheel Drive K0815
 GP601SS GOLDEN COMPASS™ POWER BASE with Van / Pan Seat - Center Wheel Drive
 300 lb weight capacity **\$5,885.00**
STANDARD COLORS - Please Choose One!
 Red **Blue** **Black** **Green**
BASIC EQUIPMENT PACKAGE FOR POWER WHEELCHAIRS

Battery Charger	Adjustable Footplate	Lap Belt	(2) 6" Flat Free Front Casters
50 Amp Integral Controller	Adjustable Armrests		(2) 10" Flat Free Drive Wheels
18" W X 18" D Van / Pan Seat - Two Tone Vinyl			(2) 6" Flat Free Rear Casters

***Note: All Golden Power Wheelchairs are shipped with Programmable Controllers.**
 Non-Programmable Controllers are available by request only!

SPECIFICATIONS

Model	Length	Width	Turning Radius	Top Speed	Range* (miles)
GP601SS - Center Wheel	38.5"	24.5"	19"	5 mph	20 miles

* Battery range will vary due to rider weight, drive surface and drive slope

WARRANTY

Metal Frame - Limited Lifetime	Battery Charger - 1 Year	Controller - 1 Year
Drive Train - 1 Year	Electrical Components** - 1 Year	** Does not include Batteries.
Plastic Parts (excludes shroud), Rubber Parts (excludes tires), and Bearings - 1 Year		

SEATING OPTIONS - Additional Charges May Apply

Color	Please Choose Style	Choose 1 Size																												
<input type="checkbox"/> Gray/Charcoal Vinyl	<input type="checkbox"/> Two-Tone Van Pan Seat \$198.00	<table border="1"> <tr> <th>Select One!</th> <th colspan="5">Width</th> </tr> <tr> <td></td> <td>16"</td> <td>18"</td> <td>20"</td> <td>22"</td> <td>24"</td> </tr> <tr> <th rowspan="3">Depth</th> <td>16"</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>18"</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>20"</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Select One!	Width						16"	18"	20"	22"	24"	Depth	16"					18"					20"				
Select One!	Width																													
	16"	18"	20"	22"	24"																									
Depth	16"																													
	18"																													
	20"																													
<input type="checkbox"/> Coffee/Sand Vinyl	<input type="checkbox"/> Proflex Seating Frame \$500.00 *Proflex Seating not available in 24" width																													

OPTIONS and ACCESSORIES - Additional Charges May Apply

<input type="checkbox"/> (2) 12 Volt/U1 Batteries E2365 \$240.00	<input type="checkbox"/> Cane Holder Tube E2207 \$40.00
<input type="checkbox"/> (2) 12 Volt/22NF Batteries E2361 \$348.00	<input type="checkbox"/> Stump Support E1020 \$278.00
<input type="checkbox"/> Crutch Holder Tube E2207 \$70.00	<input type="checkbox"/> Elevating Leg Rests E0990 \$320.00
<input type="checkbox"/> Oxygen Tank Holder E2208 \$110.00	<input type="checkbox"/> Walker Holder K0108 \$92.00
<input type="checkbox"/> Quad Cane Holder E2207 \$97.00	<input type="checkbox"/> Powerchair Cover K0108 \$98.00
<input type="checkbox"/> Swing Away Desk Arm E1028 \$154.00	<input type="checkbox"/> Rear Basket K0108 \$60.00
<input type="checkbox"/> 60 Amp P&G Remote Controller \$600.00	<input type="checkbox"/> Pack N' Go \$98.00 <input type="checkbox"/> Flag \$16.00
<input type="checkbox"/> Swing Away Footrests K0052* \$210.00	* Replacement Only

ASSIGNMENT OF A HCPCS CODE DOES NOT INDICATE COVERAGE OR PAYMENT FOR THE ITEM.

The intent of this form is as a Medicare Worksheet and not an Order Form. Prices listed are the Golden Technologies MSRP for each product and they are not the allowables for Medicare.

Totals
\$
\$
\$
\$
\$
Total Cost

POWER WHEELCHAIR (PWC) BASIC EQUIPMENT PACKAGE

PWC Basic Equipment Package - Each Power Wheelchair is to include all these items on initial issue (i.e., no separate billing/payment at the time of initial issue):

- Complete set of tires and casters of any type
- Weight specific components per patient weight capacity
- Legrests. There is no separate billing/payment if fixed or swingaway detachable non-elevating legrests with/without calf pad are provided. Elevating legrests may be billed separately.
- Fixed/swingaway detachable footrests with/without angle adjustment footplate/platform
- Armrests. There is no separate billing/ payment if fixed/swingaway detachable non-adjustable armrests with arm pad are provided. Adjustable height armrests may be billed separately
- Upholstery for seat and back of proper strength and type for patient weight capacity of the power wheelchair
- Controller and Input Device. There is no separate billing/payment if a non-expandable controller and proportional input device (integrated or remote) is provided. If a code specifies an expandable controller as an option (but not a requirement) at the time of initial issue, it may be separately billed.
- Battery charger, single mode
- Lap belt or safety belt

K0815

COVERAGE CRITERIA

\$3,516.30

Note: For any item to be covered by Medicare, it must

- be eligible for a defined Medicare benefit category,
- be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and
- meet all other applicable Medicare statutory and regulatory requirements.

A PWC is the following criteria are met:

- 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. A mobility limitation is one that:
 - Prevents the patient from accomplishing an MRADL entirely, or
 - Places the patient at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; or
 - Prevents the patient from completing an MRADL within a reasonable time frame.
- The patient's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker.
- The patient does not have sufficient upper extremity function to self-propel an optimally-configured manual wheelchair in the home to perform MRADLs during a typical day.

Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function.

An optimally-configured manual wheelchair is one with an appropriate wheelbase, device weight, seating options, and other appropriate non-powered accessories.

- The patient is **NOT** able to:
 - Safely transfer to and from a POV, and
 - Operate the tiller steering system, and
 - Maintain postural stability and position while operating the POV in the home.
- The patient's mental capabilities (e.g., cognition, judgment) and physical capabilities (e.g., vision) are **NOT** sufficient for safe mobility using a POV in the home.
- The patient's home **DOES NOT** provide adequate access between rooms, maneuvering space, and surfaces for the operation of the POV that is provided.
- The patient has the mental and physical capabilities to safely operate the power wheelchair that is provided; or
If the patient is unable to safely operate the power wheelchair, the patient has a caregiver who is unable to adequately propel an optimally configured manual wheelchair, but is available, willing, and able to safely operate the power wheelchair that is provided; and
- The patient's weight is less than or equal to the weight capacity of the power wheelchair that is provided.
- The patient's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the power wheelchair that is provided.
- Use of a power wheelchair will significantly improve the patient's ability to participate in MRADLs and the patient will use it in the home. For patients with severe cognitive and/or physical impairments, participation in MRADLs may require the assistance of a caregiver.
- The patient has not expressed an unwillingness to use a power wheelchair in the home.

If the PWC will be used inside the home and the coverage criteria for a PWC are not met but the criteria for a POV are met, payment will be based on the allowance for the least costly medically appropriate alternative.

If the PWC will be used inside the home and the coverage criteria for a PWC are not met and the criteria for a POV are not met, it will be denied as not medically necessary.

REQUIRED DOCUMENTATION

- Valid prescription containing all 7 mandated elements
- Detailed product description listing all billable options
- All relevant chart notes/assessments/progress notes, etc from physician/clinician
- Proof of Face-to-Face examination with date it was received clearly indicated
- Home assessment

ADVANCE BENEFICIARY NOTICE (ABN)

An Advanced Beneficiary Notice (ABN) is a written notice you can give to a Medicare beneficiary before you provide a beneficiary for upgrades or any item or service that you expect Medicare will deny for the following reasons:

- lack of medical necessity
- prohibited, unsolicited telephone contacts
- no supplier number
- an item that you submitted for an Advance Determination of Medicare Coverage (ADMC) where the DME MAC denied the ADMC request.

All information compiled above is readily available from the Medicare offices of the US Government. None of the information presented above should be considered legal or billing advice for any particular claim. Suppliers using this document must assume all responsibility for assigning the proper billing codes, as well as all other documentation required by Medicare.