

Evaluated By: _____
 Mark For: _____
 Date: _____
 Account #: _____

Company: _____
 Address: _____
 Phone: _____

K0822 - Group II, Standard Duty, Power Wheelchair

GP600SS GOLDEN COMPASS™ POWER BASE - Center Wheel Drive
 300 lb weight capacity with 18" X 18" Van / Pan Seat **\$6,285.00**

STANDARD COLORS - Please Choose One!

Red Blue Black Green

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 \$500.00	<table border="1"> <tr> <td rowspan="2">Select One!</td> <td colspan="5">Width</td> </tr> <tr> <td>16"</td> <td>18"</td> <td>20"</td> <td>22"</td> <td>24"</td> </tr> <tr> <td rowspan="3">Depth</td> <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"				
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<input type="checkbox"/> Coffee/Sand Vinyl	<input type="checkbox"/> Proflex Seating Frame \$500.00 <i>*Proflex Seating not available in 24" width</i>																												

OPTIONS and ACCESSORIES - Additional Charges May Apply

<input type="checkbox"/> (2) 12 Volt/U1 Batteries E2365 \$260.00	<input type="checkbox"/> Cane Holder Tube E2207 \$48.00
<input type="checkbox"/> (2) 12 Volt/22NF Batteries E2361 \$500.00	<input type="checkbox"/> Stump Support E1020 \$333.60
<input type="checkbox"/> Crutch Holder Tube E2207 \$84.00	<input type="checkbox"/> Elevating Leg Rests E0990 \$391.20
<input type="checkbox"/> Oxygen Tank Holder E2208 \$132.00	<input type="checkbox"/> Walker Holder K0108 \$110.40
<input type="checkbox"/> Quad Cane Holder E2207 \$116.40	<input type="checkbox"/> Powerchair Cover K0108 \$117.60
<input type="checkbox"/> Swing Away Desk Arm E1028 \$184.80	<input type="checkbox"/> Rear Basket K0108 \$72.00
<input type="checkbox"/> 60 Amp P&G Remote Controller \$720.00	<input type="checkbox"/> Pack N' Go \$62.40 <input type="checkbox"/> Flag \$19.20
<input type="checkbox"/> Swing Away Footrests K0052* \$225.00 * Replacement Only	

BASIC EQUIPMENT PACKAGE FOR POWER WHEELCHAIRS

Battery Charger Adjustable Footplate Lap Belt (2) 6" Flat Free Front Casters
 60 Amp Remote 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)
GP600SS - Center Wheel	38.5"	24.5"	19"	6 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

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 Wheel Chair (PWC) Documentation Checklist

Group I PWCs HCPCS Codes K0813 - K0816 and Group II PWCs HCPCS Codes K0820 - K0829

All POV Codes

Detailed Written Order must contain ALL of the following elements:

- | | |
|---|--|
| <input type="checkbox"/> Beneficiary's name | <input type="checkbox"/> Length of need |
| <input type="checkbox"/> Description of the item (may be general – e.g., “power mobility device” or may be more specific) | <input type="checkbox"/> The treating physician's signature |
| <input type="checkbox"/> Date of completion of the face-to-face examination | <input type="checkbox"/> The date the treating physician signed the order |
| <input type="checkbox"/> Pertinent diagnoses/conditions that relate to the need for the power mobility device | <input type="checkbox"/> Date stamp or equivalent documents date the supplier received the written order |

Written order was received within 45 days after completion of the face-to-face exam and prior to delivering POV to patient.

Detailed Product Description that:

- Lists the specific base (HCPCS code and narrative description and mfg. name/model), and
- Lists all options and accessories that can be billed separately (HCPCS code and narrative description and mfg. name/model), and
- Lists the supplier's charge and Medicare fee schedule allowance for each separately billed item, and
- Was signed and dated by physician; and
- Has a date stamp or equivalent documenting supplier's receipt date

Beneficiary Authorization

Proof of Delivery

On-site Home Assessment establishing that:

- The beneficiary is able to use the PWC ordered to assist with ADLs in the home
- The patient's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the PWC that is provided

Face-to-face medical evaluation meeting all of the following criteria:

- The evaluation occurred **BEFORE** the physician completed 7-element written order.
- The findings are documented in a detailed narrative note in the format used for other entries.
- The note clearly indicates that a major reason for the visit was a mobility examination.
- The patient has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADL) in the home
- The mobility deficit 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
- The patient is unable to safely transfer to and from a POV and/or unable to operate the tiller steering system and/or unable to maintain postural stability and position while operating the POV in the home and/or the patient's mental capabilities and physical capabilities are not sufficient for safe mobility using a POV in the home and/or the patient's home provides inadequate access between rooms, maneuvering space, and surfaces for the operation of the PWC that is provided.
- The patient has the mental and physical capabilities to safely operate the PWC that is provided or 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 PWC that is provided.
- The patient's weight is less than or equal to the weight capacity of the PWC that is provided
- Use of a PWC will significantly improve the patient's ability to participate in MRADLs and the patient will use it in the home
- The patient has not expressed an unwillingness to use a PWC in the home

Date stamp or equivalent documents date supplier received a copy of the face-to-face exam

Supplier attestation stating that there is no financial relationship between the person completing the face-to-face examination and the supplier

NOTE:

Physicians must document the findings of the face-to-face examination in a detailed narrative note in their charts in the format that they use for other entries. The note must clearly indicate that a major reason for the visit was a mobility examination.

Many suppliers have created forms which have not been approved by CMS which they send to physicians and ask them to complete. Even if the physician completes this type of form and puts it in his/her chart, this supplier-generated form is not a substitute for the comprehensive medical record as noted above. Suppliers are encouraged to help educate physicians on the type of information that is needed to document a patient's mobility needs.

See the “Documentation Requirements” section of LCD for Power Mobility Devices for a description of the pertinent information that should be documented in a face-to-face exam.

The information that the supplier must obtain before submitting a claim to the DME contractor is described in detail in the LCD and Policy Article. However, if the DME MAC or other Medicare Contractor asks for documentation on individual claims, additional documents (e.g., notes from prior visits, test reports, etc.) shall also be obtained from the treating physician to provide a historical perspective that reflects the patient's condition in the continuum of care, corroborating the information in the face-to-face examination, painting a picture of the patient's condition and progression of disease over time.

Modifier Reminders

Items billed before a signed and dated order has been received must be submitted with modifier EY added to each affected HCPCS code.

If all the LCD coverage criteria are met, add modifier KX to the PWC base code; otherwise DO NOT use modifier KX.

If the PWC is only to be used for mobility outside the home, modifier GY must be added to the base code.