

**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
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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
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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
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5. Does the patient have a need for arm height different than that available using non-adjustable arms?	Y	N
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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
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If "No" would the patient be able to adequately self – propel (without being pushed) in the wheelchair which is being considered? (lightweight)	Y	N
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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
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10. Was the information included on this CMN approved by the ordering physician?	Y	N
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**Contact Name:** \_\_\_\_\_ **Phone :** \_\_\_\_\_

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

Key - (Y)es, (N)o

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