Push Rim Activated Power Assist Devices (E0986)

- Standard Written Order (SWO)
- Face-to-Face (F2F)
- Specialty Evaluation
  - Performed by an LCMP with specific training/experience in rehabilitation wheelchair evaluations.
  - Provides detailed information explaining the need for each specific option or accessory.
  - Done in addition to the F2F requirement.
- Beneficiary Authorization
- Proof of Delivery (POD)
- Continued Need
- Continued Use
- Financial Attestation Statement
- Home Assessment
- Medical records from treating practitioner as noted below

Medical Records should contain:

- Criterion A is met
- Criterion B is met
- Criterion C is met
- Criterion D is met
- Criterion E is met
- Criterion F is met

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Criterion G is met
Criterion H is met
Criterion I is met
The beneficiary has been self-propelling in a manual wheelchair for at least 1 year; and
Beneficiary had a specialty evaluation, as described above; and
Wheelchair is provided by a supplier employing a RESNA-certified ATP specializing in wheelchairs who has direct, in-person involvement with wheelchair selection for the beneficiary.