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Client Name: _____ Client ID: _____

Medicare Skin Protection/Positioning Seat Cushion Questionnaire

Please answer the following 2 questions and provide any additional chart notes.

- 1) Does the patient has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the patient meets Medicare coverage criteria for it

- 2) The patient has either of the following:
Current pressure ulcer (ICD-9-CM codes: 707.3, 707.04, 707.05) or past history of a
A) pressure ulcer (707.3, 707.04, 707.05) on the area of contact with the seating surface

Absent or impaired sensation in the area of contact with the seating surface or inability to carry out a functional weight shift due to one of the following diagnoses: spinal cord injury resulting in quadriplegia or paraplegia, other spinal cord disease, multiple sclerosis, other demyelinating disease, cerebral palsy, anterior horn cell diseases including amyotrophic lateral sclerosis, post polio paralysis, traumatic brain injury resulting in quadriplegia, spina bifida, childhood cerebral degeneration,
B) Alzheimer's disease, Parkinson's disease, muscular dystrophy, hemiplegia, Huntington's chorea, idiopathic torsion dystonia, athetoid cerebral palsy, (positioning seat cushion) monoplegia of the lower limb due to stroke, other etiology, spinocerebellar disease, above knee leg amputation, osteogenesis imperfecta, transverse myelitis

Name of person answering questions, if other than physician:

Print Name: _____ Title: _____

Signature: _____ Employer: _____

Physicians Signature: _____ Date: _____

****PLEASE ATTACH CHART NOTES ON WHY THE PATIENT NEEDS THIS PRESSURE REDUCING MATTRESS****