



**Section B – Recommendation [This section may be transcribed by the provider.]**

Specific item recommended – <i>HCPCS code; manufacturer; model; description</i>	
Category and subcategory ( <i>MARK ONE.</i> ) <input type="checkbox"/> Intermediate non-assisted shower chair [E0240 U2] <input type="checkbox"/> Intermediate assisted multi-position shower chair [E0240 U4] <input type="checkbox"/> Complex positioning shower chair [E0240 U5] <input type="checkbox"/> Intermediate assisted multi-position beach style bathing chair [E0240 U6] <input type="checkbox"/> Intermediate assisted single position shower chair [E0240 U3] <input type="checkbox"/> Intermediate assisted multi-position beach style bathing chair [E0240 U6] <input type="checkbox"/> Complex transfer bath/shower chair [E0247 U2]	
Criteria met by the recommended item <u>Appearance</u> <input type="checkbox"/> It looks like a standard wheelchair ( <i>two large rear wheels and two eight-inch front casters</i> ). It does not have a separate base. <input type="checkbox"/> It looks like a standard transport chair ( <i>four small casters or two small front casters and two slightly larger rear wheels</i> ). It does not have a separate base. <input type="checkbox"/> It looks like an examination or treatment chair on small wheels such as casters. It may have a separate base. <input type="checkbox"/> It looks like a complex wheelchair. It has small wheels such as casters. It has no separate base. <input type="checkbox"/> It consists of a rolling base with a chair seat and small wheels such as casters, a stationary base in the bathing area, and a connecting track or rail that permits the chair seat to slide from the rolling base to the stationary base. <u>Construction</u> <input type="checkbox"/> The frame is made of steel or aluminum. <input type="checkbox"/> The frame is made of PVC.	<u>Positioning</u> <input type="checkbox"/> It reclines. <input type="checkbox"/> It does not recline. <input type="checkbox"/> It has tilt-in-space capability. <input type="checkbox"/> It does not have tilt-in-space capability. <input type="checkbox"/> It has basic securement straps and positioners. <input type="checkbox"/> It has a head support. <input type="checkbox"/> It has multiple support devices for the head, torso, arms, and legs. <u>Independent use</u> <input type="checkbox"/> The individual is able to use it without assistance. <input type="checkbox"/> The individual needs assistance in using it. <u>Commode capability</u> <input type="checkbox"/> It will be used as a commode if a commode is needed. (A request for a separate commode will not be granted unless a medical reason contraindicates a bathing seat with a commode function.) <u>Other feature</u>
<b>Note:</b> <i>A bathing seat on wheels is not appropriate if the individual does not have a roll-in shower enclosure.</i>	
Evaluation of the individual's capacity limitations ( <i>e.g., neuromuscular function, muscle tone, range of motion, strength, stamina, balance, coordination</i> )	
<input type="checkbox"/> This information is attached in another format.	

**Certification [This section may be completed by the evaluator.]**

<i>I certify that the recommended bathing seat will provide a level of functionality for this individual that cannot be achieved with a simpler bath chair, bath bench, or shower chair.</i>		
Signature of evaluator	Date of evaluation	Date of signature

**Attestation [This section must be completed by the prescriber.]**

<i>I attest that the information provided above is true, correct, and complete and that the recommended bathing seat is suited to the purposes and daily routines of the individual.</i>	
Signature of prescriber	Date of signature

**False certification constitutes Medicaid fraud.**

*This page is to be completed by the provider.*

**Section C – Repair**

Customer name		Medicaid ID number	
Provider name		Medicaid provider number	
Bathing seat Manufacturer	Model	Serial number	
Date on which the equipment/part/accessory to be repaired was originally delivered or installed			
Reason for repair, including a description of the wear, damage, or malfunction			
Description, including dates, of previous repairs made to this same equipment/part/accessory			
Parts needed to complete repair – <i>quantity; HCPCS code; manufacturer; model; part number; serial number; warranty period</i>			
Estimated labor time needed			
Other comments			
Name of provider representative		Signature	Date of signature