

MANUAL WHEELCHAIR (MWC) GUIDELINES

Medicare requires the physician to conduct a face-to-face mobility examination prior to writing a prescription for any Durable Medical Equipment (DME).

Medicare does NOT accept templates of any kind. The mobility assessment MUST be documented in the notes in chart format.

1. Reason for visit: **MOBILITY EVALUATION**
2. Medical Conditions impairing mobility in the home: **INCLUDE ALL MOBILITY RELATED DIAGNOSIS**
3. Explain which mobility related activities of daily living (MRADLs) the patient can no longer complete without a power mobility device (PMD) such as:
 - a) Dressing
 - b) Grooming
 - c) Bathing
 - d) Feeding
 - e) Toileting
4. Office notes **MUST** include objective measurements such as:
 - a) Upper and lower extremity **strength and pain scales**
 - b) Number of falls in the past week, month or year
 - c) Pace of ambulation
 - d) Balance and coordination
5. Rule out/eliminate ALL of the following items and **explain why items can't be used:**
 - a) Cane
 - b) Walker
6. IF a Manual Wheelchair (MWC) will meet mobility needs in the home, PATIENT MUST MEET ALL OF THE FOLLOWING CRITERIA and criteria **must** be documented in chart notes:
 - a) Has the physical and mental capabilities to use MWC
 - b) Willing and motivated to use MWC in the home
 - c) Has the upper extremity strength to safely self-propel the MWC **OR** has a caregiver who is available, willing and able to provide assistance with MWC
 - d) Use of a MWC in the home will significantly improve MRADLs—give examples of which ones will be improved.



FACE-TO-FACE CHART NOTES MUST BE **SIGNED AND DATED** BY THE PHYSICIAN THAT COMPLETED THE MOBILITY EVALUATION.

****CHART NOTES MUST BE DETAILED ENOUGH TO PAINT A PICTURE OF THE PATIENT FOR MEDICARE TO DETERMINE IF THE PATIENT MEETS ALL OF THE COVERAGE CRITERIA FOR THE POWER MOBILITY DEVICE (PMD) BEING PRESCRIBED. ****