

POWER WHEELCHAIR (PWC) GUIDELINES

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

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 scales** Ex. UE 2/5, LE 1/5
- b) **Upper and lower extremity pain scales** Ex. UE 5/5, LE 4/5
- c) **Number of falls in the past week and/or month** Ex. Five falls in the last month, fall risk
- d) **Pace of ambulation** Ex. Shuffling gait, abnormal gait, non-ambulatory, etc.
- e) **Balance and coordination**

5. Rule out/eliminate ALL the following items and explain why items cannot be used:

- a) Cane
- b) Walker
- c) Manual Wheelchair (MWC)
- d) **Power Operated Vehicle (POV/Scooter)** Ex. Cannot safely use tiller system or cannot safely transfer to/from

6. IF a Power Wheelchair (PWC) will meet mobility needs in the home, PATIENT MUST MEET ALL OF THE FOLLOWING CRITERIA and criteria **must** be documented in chart notes:

- a) Needs PWC to complete mobility related activities of daily living
- b) Has the physical and mental capabilities to safely operate the PWC in the home
- c) Willing and able to safely operate the PWC
- d) Having a PWC in the home will greatly 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. ****

