

**Power Wheelchair Justification Helper:** Medicare requires the following information to be documented.

Note: The physician may refer the patient to a PT or OT to perform part of the face to face exam. Once this is done we will then send the PT or OT evaluation to you for concurrence, signature and date. This concurrence date then becomes the face to face completion date.

**Please Include the Following Points into Your Progress Notes Format:** NOT A DICTATED LETTER.

- 1. What date was the patient seen for face-to-face?** *If referring to a PT or OT to complete part of the face to face, please specify that patient was seen for PWC face to face and referred to OT/PT to document part of the necessity.*
- 2. What are the symptoms that limit ambulation?** *Include the Dx(s) responsible for symptoms*
- 3. Is patient able to ambulate with “an appropriately fitted” cane or walker?** *(Why can't they ambulate? [ i.e. 1) fatigue, short distance, if at all?; 2) Unsafe and/or untimely? 3) Urinary or fecal accidents because of the amount of time to get to bathroom?]*
- 4. Is patient experiencing falls?** *How frequent? If having falls please note if they occur in the home and happen even with the use of a walker. Please note the min/max distance they are able to ambulate at times, pace of ambulation.*
- 5. Is there one or more specific MRADL that the patient can't complete?** *At all or in a safe or timely manner ambulating with a cane and walker such as getting to the bedroom, bathroom or kitchen.*
- 6. How does he/she transfer?**
- 7. Measurements of motion & strength:** *arm/leg strength, endurance, range of motion, gait and/or coordination, presence of pain, or deformity. (Objective statements e.g. 10/10 pain knee, 3/5 UE strength)*
- 8. Is patient able to propel an “optimally configured” manual wheelchair?** *(Note lack of upper body strength, ROM, etc.), unable to propel MWC with feet, why can't he/she based on their condition or disease process? Please list at least one specific MRADL they can't complete at all or in a safe or timely manner (i.e. to the bedroom, bathroom, kitchen and why. Please use objective wording)*
- 9. How will power mobility specifically improve their ability to ambulate?** *To get to the bedroom, bathroom, kitchen, etc... inside the home. (Please specify the MRADL's the equipment will help them complete. The need for as few as 1 MRADL will qualify them). Note: MRADL = Mobility Related Activities of Daily Living*
- 10. Is it required for long term use?** *Has the disease progressed to the point where patient is no longer able to be independent without power mobility to complete the specified MRADL(s)?*
- 11. Have symptoms progressed that limit ambulation:** *(over time)*
- 12. Can the patient safely operate a PWC in the home?**
- 13. Will a scooter work in the home why? (If Not Why?)** *(i.e. tight corners, will not go through doorways/thresholds, needs tight turning radius, better stability needed for transfers/unsafe, UE ROM not adequate to operate the tiller; if positioning or skin protection cushion or back, elevating leg-rests (for LE edema, spasticity or contracture management) are needed these items can't be done on a Scooter and Medicare does not cover them for a Scooter.*
- 14. Please document height, weight** *(If weight is unknown, list over or under 300lbs.)*
- 15. Include Cardiopulmonary eval and/or neurological eval:** *(Describe gait, balance, coordination)*
- 16. Medications**
- 17. Other treatments PT/OT tried/failed for symptoms.**
- 18. Important:** *For most power wheelchairs which are now rentals, Medicare requires that we show continued necessity for the rental of the equipment. An easy way for you to do this is to add the **PWC to their medication list** so that your RN will ask them about it at each visit and document the continued necessity. Thank you for your help.*

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