



Power Mobility Documentation Guide

The following issues **must** be addressed **in the patient's chart/progress notes** during a thorough (face-to-face) physical examination relevant to mobility needs. This documentation is **required** by Medicare and other insurances that follow Medicare guidelines for all power equipment. Please do not write your evaluations on this paper, as this is a guide only. **If all these issues are not addressed in the patient's chart notes on the examination date (addendums not accepted), the patient will be required to make an additional appointment to fulfill Medicare's requirement.**

Please understand: This is required by insurance for approval. This is not a requirement of CareLinc.

The report of the face-to-face examination should provide objective information relating to the following questions:

1. Chart notes must state that the purpose of the appointment is for a power mobility evaluation. (**Forms are no longer accepted**).
2. **Explain what** the patients mobility limitation and how does it interfere with the performance of specific activities of daily living. **How will powered mobility enable participation in specific ADL's such as: toileting, feeding, dressing, grooming and bathing in the home.** **Include:** height/weight, cardiopulmonary, neurological, musculoskeletal, ROM, strength, when relevant. (i.e..falls, non-ambulatory, arthritis of upper / lower extremities, etc.)
3. **Explain why can't** a cane or walker meet this patient's mobility needs **in the home.** **Include:** diagnoses, medications, symptoms, progression, relevant to need. (i.e..falls, non-ambulatory, arthritis of lower extremities, amputation, gait, etc.)
4. **Explain why can't** a manual wheelchair meet this patients mobility needs **in the home.** **Include:** diagnoses, symptoms, progression. (i.e..dyspnea on exertion, OA of the upper extremities, morbid obesity, tested and confirmed muscle weakness, etc.)
5. If a power wheelchair is provided, **explain why** a power scooter can't meet this patients needs **in the home.** (i.e..insufficient strength / ROM to operate the tiller steering system, unable to maintain postural stability and position in a scooter, unable to safely transfer in and out of a scooter, home environment does not accommodate the larger turning radius of a scooter, etc.)
6. **Explain** that the patient has the physical and mental abilities, **and is** willing and motivated to operate the power mobility equipment safely **in the home.** Can the customer transfer safely into this equipment?
 - **The report should provide pertinent information about the following elements, but may include other details. Each element would not have to be addressed in every evaluation**

A separate prescription must be written containing **all** the following **7 items**:

- ✓ Patient's name;
- ✓ Description of item ordered (scooter or power wheelchair);
- ✓ Completion date of mobility examination process (i.e..face-to-face exam 00/00/00);
- ✓ Pertinent diagnosis/conditions that relate to the need for powered mobility;
- ✓ Length of need (i.e....lifetime or 99 months)
- ✓ Physician's signature
- ✓ Date of Physician's signature

RSEFM02116

Big Rapids 705 Oak St 231-796-6623 800-360-7014 Fax 231-796-7408	Cadillac 205 Bell Ave. 231-775-7143 800-591-5785 Fax 231-775-7486	Coldwater 407 E Chicago 517-279-9999 800-752-9571 Fax 517-279-4808	Grandville 3125 28 th ST SW 616-249-2273 888-810-5462 Fax 616-249-0355	Grand Rapids 89 54 th St SW 616-249-2273 888-810-5462 Fax 616-249-9123	Greenville 919 W Washington 616-754-3497 800-454-3497 Fax 616-754-8724	Hastings 725 W State 269-945-1686 800-298-3300 Fax 269-945-2056
Hillsdale 3228 W Carleton 517-437-3226 800-752-3083 Fax 517-437-3928	Holland 693 E Lakewood Blvd. 616-392-2033 877-269-6998 Fax 616-392-1624	Jackson 606 E. Michigan 517-789-9257 866-333-0880 Fax 517-789-9274	Kalamazoo 7017 S. Westnedge Ave 269-329-1422 800-236-9528 Fax 269-329-1772	Lansing 1717 E Michigan 517-485-9588 800-331-1730 Fax 517-484-8226	Ludington 5750 W US 10 231-843-1063 800-280-8889 Fax 231-843-7082	
	Manistee 84 Division St. 231-723-5897 800-747-6598 Fax 231-723-8262	Reed City 124 W Upton 231-832-4565 888-698-5462 Fax 231-832-2836	Three Rivers 218 Enterprise Dr. 269-273-5500 800-460-9580 Fax 269-273-6300	West Branch 109 A Plaza East Dr. 989-345-7090 800-521-1150 Fax 989-345-7192		



Please note: Do not write your evaluations on this paper, as this is a guide only.

1. Symptoms
2. Related diagnoses
3. History
 - How long the condition has been present
 - Clinical progression
 - Interventions that have been tried and the results
 - Past use of walker, manual wheelchair, POV, or power wheelchair and the results
4. Physical exam
 - Weight
 - Impairment of strength, range of motion, sensation, or coordination of arms and legs
 - Strength testing will be required (ie...3/5 UE, 2/5 LE, and etc)
 - Presence of abnormal tone or deformity of arms, legs, or trunk
 - Neck, trunk, and pelvic posture and flexibility
 - Sitting and standing balance
5. Functional assessment- any problems with performing the following activities including the need to use a cane, walker, or the assistance of another person
 - Transferring between a bed, chair, and power mobility device (PMD)
 - Walking around their home- to bathroom, kitchen, living room, etc.
 - Provide information on distance walked, speed, and balance

These mobility chart notes and prescription must be supplied to us no later than 45 days after the examination. CMS has created code G0372 for which physicians will receive payment from Medicare for the work to provide this documentation. **The report should provide pertinent information about the following elements, but may include other details. Each element would not have to be addressed in every evaluation.** RSFM02116

Big Rapids 705 Oak St 231-796-6623 800-360-7014 Fax 231-796-7408	Cadillac 205 Bell Ave. 231-775-7143 800-591-5785 Fax 231-775-7486	Coldwater 407 E Chicago 517-279-9999 800-752-9571 Fax 517-279-4808	Grandville 3125 28 th ST SW 616-249-2273 888-810-5462 Fax 616-249-0355	Grand Rapids 89 54 th St SW 616-249-2273 888-810-5462 Fax 616-249-9123	Greenville 919 W Washington 616-754-3497 800-454-3497 Fax 616-754-8724	Hastings 725 W State 269-945-1686 800-298-3300 Fax 269-945-2056
Hillsdale 3228 W Carleton 517-437-3226 800-752-3083 Fax 517-437-3928	Holland 693 E. Lakewood Blvd. 616-392-2033 877-269-6998 Fax 616-392-1624	Jackson 606 E. Michigan 517-789-9257 866-333-0880 Fax 517-789-9274	Kalamazoo 7017 S. Westnedge Ave 269-329-1422 800-236-9528 Fax 269-329-1772	Lansing 1717 E Michigan 517-485-9588 800-331-1730 Fax 517-484-8226	Ludington 5750 W US 10 231-843-1063 800-280-8889 Fax 231-843-7082	
	Manistee 84 Division St. 231-723-5897 800-747-6598 Fax 231-723-8262	Reed City 124 W Upton 231-832-4565 888-698-5462 Fax 231-832-2836	Three Rivers 218 Enterprise Dr. 269-273-5500 800-460-9580 Fax 269-273-6300	West Branch 109 A Plaza East Dr. 989-345-7090 800-521-1150 Fax 989-345-7192		