



West Palm Beach: 561-964-6767

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The checklist below is derived from Medicare's Coverage criteria for a Power Wheelchair. Without the below criteria being fully and legibly documented in the physician's chart notes and Rx, Medical justification has not been met.

Checklist for Face-to-Face Examination Chart Notes for a Power Wheelchair

Do the Medical records relevant to mobility needs 1) indicate and 2) support:

- **Reason:** 'Mobility evaluation for a Power Wheelchair' or Powered Mobility Device –PMD
 - Any other reason, or "follow-up" is not acceptable
- **History** of present condition and relevant past medical history:
 - Symptoms that limit ambulation
 - Diagnoses that are responsible for symptoms
 - Medications or other treatment for symptoms
 - Progression of ambulation difficulty over time
 - Distance beneficiary can walk without stopping
 - Pace of ambulation
 - History of falls, including frequency, circumstances leading to falls
- **Physical** examination relevant to mobility needs:
 - Height and weight
 - Cardiopulmonary examination
 - Arm and leg strength tests and range of motion tests.
- **Neurological** examination:
 - Gait
 - Balance and coordination
- **PWC Assessment:**
 - Description of the mobility limitations and how it impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home.

- AND -

prevents the beneficiary from accomplishing an MRADL entirely; - or - places beneficiary at a reasonably determined risk secondary to the attempts to perform an MRADL; - or – prevents beneficiary from completing an MRADL within a reasonable amount of time

○ Beneficiary's mobility limitation cannot be sufficiently and safely resolved by use of appropriately fitted cane or walker;

- AND -

○ Beneficiary does not have sufficient upper extremity function to self-propel an optimally configured manual wheelchair in the home

- AND -

- Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities;
- AND -
- Beneficiary does not meet coverage criteria for a Scooter or POV
-AND-
- Beneficiary's mental capabilities (e.g., cognition, judgment) and physical capabilities (e.g., vision) are sufficient for safe mobility; -- Beneficiary's weight is less than or equal to weight capacity of wheelchair provided;
-AND -
- Beneficiary's home provides adequate access;
- AND -
- Use of a power wheelchair will significantly improve the beneficiary's ability to participate in MRADLs and beneficiary will use it in the home.;
-AND -
- Beneficiary has not expressed an unwillingness to use a PWC in the home.

- **7 Element Order -**
 - beneficiary's name,
 - item of DME ordered "Power Wheelchair", "PWC", or Power Mobility Device
 - Length of Need.
 - Date of the Face to Face Examination
 - Date of the order
 - Diagnosis or Dx Code
 - Legible Signature of the ordering practitioner, or signed over printed name.

- **Statutory Timing Requirements**
 - Did the Supplier Receive within 45 days the 7 Element Order.
 - Did the Supplier Receive within 45 days the F2F Examination Report.
 - Will Delivery of the Power Wheelchair be before 120 days after the F2F

Please fax your referrals and documentation to 561-290-1434
