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QUALIFICATIONS FOR POWER WHEELCHAIRS

The first step is to complete a face-to-face medical examination on mobility issues. The chart notes need to provide information relating to the following questions:

1. What are the patient's mobility limitations and how do they interfere with the performance of one or more of their activities of daily living (ADLs)? These include toileting, dressing, grooming, cooking, eating, bathing, etc. A mobility limitation is one that prevents the patient from accomplishing the ADL entirely, safely, or within a reasonable time.
2. How will a power mobility device improve ADLs?
3. Why will a cane or walker not meet the patient's mobility needs in the home?
4. Why will a manual wheelchair not meet the patient's mobility needs in the home?
5. Why will a scooter not meet the patient's mobility needs in the home?
6. Does the patient have the physical and mental capabilities to operate a power wheelchair safely in the home?
7. Can the patient safely transfer to and from the power wheelchair?

PLEASE NOTE: The examination should be focused on the body systems that are responsible for the patient's mobility impairment. Medicare requires as much objective and quantitative data as possible, such as range of motion, manual muscle test scores on a scale of 1-5, heart rate, respiratory rate, pulse oximetry at rest and with exertion, pain level, etc. Vague or general statements or terms, such as such as "difficulty walking" or "upper extremity weakness", should not be used. A detailed description of the patient's observed ability to transfer and/or walk and ambulatory distance should also be included.

Also include in your examination:

- Symptoms
- Related diagnoses
- History
- Functional assessment
- Physical examination that includes patient's height and weight, coordination, balance, pain, and limb abnormalities.

Once the face-to-face examination is complete, fill out a standard written order providing:

- Order date
- Patient's name
- Item(s) ordered
- Pertinent diagnosis(es)/condition(s) that relate to the need for the power wheelchair
- Treating practitioner's NPI
- Treating practitioner's signature

QUALIFICATIONS FOR SCOOTERS

The first step is to complete a face-to-face medical examination on mobility issues. The chart notes need to provide information relating to the following questions:

1. What are the patient's mobility limitations and how do they interfere with the performance of one or more of their activities of daily living (ADLs)? These include toileting, dressing, grooming, cooking, eating, bathing, etc. A mobility limitation is one that prevents the patient from accomplishing the ADL entirely, safely, or within a reasonable time.
2. How will a power mobility device improve ADLs?
3. Why will a cane or walker not meet the patient's mobility needs in the home?
4. Why will a manual wheelchair not meet the patient's mobility needs in the home?
5. Does the patient have the physical and mental capabilities to operate a scooter safely in the home?
6. Can the patient safely transfer to and from a scooter and maintain postural stability while operating the scooter in the home?
7. Can the patient safely operate the scooter's tiller (steering system)?

PLEASE NOTE: The examination should be focused on the body systems that are responsible for the patient's mobility impairment. Medicare requires as much objective and quantitative data as possible, such as range of motion, manual muscle test scores on a scale of 1-5, heart rate, respiratory rate, pulse oximetry at rest and with exertion, pain level, etc. Vague or general statements or terms, such as such as "difficulty walking" or "upper extremity weakness", should not be used. A detailed description of the patient's observed ability to transfer and/or walk and ambulatory distance should also be included.

Also include in your examination:

- Symptoms
- Related diagnoses
- History
- Functional assessment
- Physical examination that includes patient's height and weight, coordination, balance, pain, and limb abnormalities.

Once the face-to-face examination is complete, fill out a standard written order providing:

- Order date
- Patient's name
- Item(s) ordered
- Pertinent diagnosis(es)/condition(s) that relate to the need for the power wheelchair
- Treating practitioner's NPI
- Treating practitioner's signature

Questions? Reach out to our rehab department at **1-888-BINSONS Ext. 4849.**