



MEDICARE COVERAGE GUIDELINES POWER MOBILITY DEVICES

Medicare requires a face-to-face exam with the ordering physician. The patient's chart notes must include a detailed narrative describing the patient's mobility limitations and need for a power mobility device.

Types of Power Wheelchairs:

- **Power Scooters (POVs):** Designed with tiller steering mechanism. Patients must have adequate strength in UE to operate the controls and tiller. Require adequate trunk stability to sit upright and transfer in/out of scooter. Longer in length than power chairs and less maneuverable in small spaces.
- **Group 2 Power Wheelchairs:** Offer Captain's Chair seating or rehab seating. Require less postural stability and strength to operate. Tighter turning radius/more maneuverable. Programmable controls.
- **Group 3 Power Wheelchairs:** For patients with neurological conditions, myopathies or congenital skeletal deformities. Accommodate special features such as alternative drive control, power tilt/recline, etc. Require wheelchair evaluation from PT/OT/physician with specific rehab training.

Chart notes must address the following information:

- **Chief Complaint:** The major reason for the office visit should be to conduct a **Mobility Examination**.
- **Physical Assessment:** Physical assessment as relevant to mobility limitations including:

- Weight, height
- Musculoskeletal Exam
- Cardiopulmonary Exam
- Neurological Exam
- Oxygen saturation with exertion
- Range of Motion (i.e., decreases ROM)
- Gait/Balance (i.e., unsteady gait-history of falls)
- Upper and lower Extremity Strength (**MUST be included**)
 - *RUE (i.e. 1/5) *RLE (i.e. 2/5)
 - *LUE (i.e. 1/5) *LLE (i.e. 2/5)

- **Medical condition(s)** that limit the patient's ability to participate in Mobility Related Activities of Daily Living (MRADLs) in their home
- List what **MRADLs** in the home are **IMPAIRED** due to your patient's mobility limitation? (This **MUST** be specific. For example, Dressing, Grooming, Toileting, Feeding, Bathing)
- Describe why a **cane or walker** can't meet the patient's mobility needs in the home? (For example, Upper Extremity (UE) and Lower Extremity (LE) strength of 2/5, Desaturates to 87%)
- Describe why a **manual wheelchair** can't meet the patient's mobility needs in the home? (For example, UE strength of 1/5, Right sided weakness of 1/5 due to CVA, Decreased ROM of shoulder & joints, Grip strength of 2/5, Contractures of the hands, Pain level - 8/10 in shoulder and hands)
- For power wheelchairs, describe why a scooter (**POV**) can't meet your patient's mobility needs in the home? (For example, Cannot safely transfer in/out of POV; Home environment does not provide adequate access for maneuvering POV; Cannot operate tiller of POV; Lacks postural stability; UE strength of 1/5)
- Does the patient have the **physical and mental abilities** to operate a power wheelchair safely in the home?
- Is the patient **willing and motivated** to use a power wheelchair?



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