

# POWER MOBILITY DEVICES – QUICK REFERENCE GUIDE

Physician's Role	Activity	Purpose	Considerations	Documentation
Evaluate patient's current use of mobility equipment and why it is no longer medically appropriate.  The Physician can refer patient to an LCMP (e.g., a PT or OT) to perform part of the face-to-face exam.	Face-to-face patient evaluation & preparation of supporting documentation	Evaluate: <ul style="list-style-type: none"> <li>○ Patient's functional mobility</li> <li>○ Current use of aids</li> <li>○ Why these are no longer medically appropriate</li> <li>○ Past interventions and results</li> </ul>	<ul style="list-style-type: none"> <li>○ Symptoms and related diagnoses responsible for the mobility deficit</li> <li>○ Personal information &amp; medical history</li> <li>○ Physical exam</li> <li>○ Functional mobility</li> </ul>	<ul style="list-style-type: none"> <li>○ Patient's mobility deficit and clinical progression</li> <li>○ Current equipment use and needs in his/her living environment</li> <li>○ If LCMP was used, concurrence or disagreement with report</li> <li>○ Specific equipment approval</li> </ul>

## Key Sequential Questions to Assess the Need for a PMD

No.	Relevant Questions	Considerations	Documentation
#1 <b>YES</b> ○	Does the patient have mobility limitations that impair his or her ability to safely participate in 1 or more MRADLs of dressing, grooming, toileting, bathing, and eating? <b>If No, STOP</b>	Patient's medical history and functional abilities.	Describe limitations preventing patient from being safely mobile where he/she lives.
#2 <b>YES</b> ○	Do other conditions limit the patient's ability to safely participate in MRADLs? <b>If No, STOP</b>	Patient's cognitive or judgment abilities and any vision impairments.	Describe the conditions in detail.
#3 <b>YES</b> ○	Can the conditions be improved or compensated for with additional mobility equipment to safely participate in MRADLs? <b>If No, STOP</b>	Patient's compliance (even partial) with treatment—otherwise coverage may be denied without improvement. An around-the-clock caregiver, medication, therapy, etc. might also be beneficial.	Document specifics of how the condition can be improved or compensated for, if any.
#4 <b>YES</b> ○	Is the patient (or caregiver) capable of and willing to safely and consistently operate an added mobility assistive device? <b>If No, STOP</b>	Patient's (or caregiver's) capabilities and willingness to safely use mobility equipment. Also consider likelihood of risk to the patient, caregiver and others and any history of unsafe behaviors.	Document capabilities and willingness to operate devices safely and consistently, as well as, risk to patient or others.
#5 <b>NO</b> ○	Can the patient's functional mobility deficit be adequately resolved with a fitted cane or walker to safely perform MRADLs? (Use properly configured cane or walker for the test.) <b>If Yes, STOP</b>	Consider patient's strength, ROM, sensation, balance, coordination, and physical endurance to safely ambulate every day with a cane or walker to participate in MRADLs?	Document specifics and results of the cane and/or walker trials.
#6 <b>YES</b> ○	Does the patient's normal living environment support the safe use of wheelchairs and scooters/POVs to safely participate in MRADLs? <b>If No, STOP</b>	Access, maneuvering space, appropriateness of surfaces, obstacles, thresholds (20mm H – 60mm H), and grade or ramp inclines (6° – 9°) that may render non-power equipment unusable or unsafe.	A PMD supplier or practitioner can perform the home assessment and document living environment.
#7 <b>NO</b> ○	Can the patient's mobility limitation be resolved with a properly configured manual wheelchair to safely participate in MRADLs? (Use properly configured manual wheelchair for this evaluation.) <b>If Yes, STOP</b>	Patient's upper extremity strength, ROM, coordination, endurance, posture, and/or presence of deformity that would hinder patient's ability to daily propel a manual wheelchair.	A PMD supplier or practitioner can perform the home assessment and document the manual wheelchair test.
#8 <b>NO</b> ○	Can the patient's mobility limitation be resolved with a 3- or 4-wheeled scooter/POV with tiller to safely participate in MRADLs? (Use properly configured POVw/ tiller for this test.) <b>If Yes, STOP</b>	Evaluate patient's upper strength, hand dexterity and function, and posture/trunk stability and flexibility to safely operate the tiller. Also consider the need for safe transfers, positioning and pressure relief.	A PMD supplier or practitioner can perform the home assessment and document the POV test.
#9 <b>YES = PMD</b>	Does the patient require any of the added features afforded only by a power wheelchair to enable the patient to safely participate in MRADLs? E.g., joystick, oxygen tank, cane or walker holders, ventilator transport, special seat or back support?	Evaluate the patient's hand dexterity/function to daily operate the wheelchair's joystick. Consider the need to transport other mobility aids and additional equipment, safe transfers, physical positioning and pressure relief.	A PMD supplier or practitioner can perform this home assessment and document the power wheelchair test.
#10 <b>YES = PMD</b>	Does the patient require a longer or shorter distance range (5 – 16 miles) or a specific speed (3 – 6 mph) to safely participate in MRADLs?	How ambulatory the patient is and whether or not the patient is employed outside the home.	A PMD supplier or practitioner can perform this home assessment and document this need.

## The Prescription

If Power Equipment is Indicated	Contents of Prescription
Physician must complete a prescription & provide it to a PMD supplier within 45 days of the exam, together with pertinent documentation supporting the need for the equipment.	<ul style="list-style-type: none"> <li>○ Patient/Beneficiary's Name</li> <li>○ Description of the item that is ordered</li> <li>○ Date the face-to-face examination was completed</li> <li>○ Pertinent diagnoses and conditions that relate to the need</li> <li>○ Length of need</li> <li>○ Physician's signature and date</li> </ul>

## Power Equipment Supplier/Vendor Role

The PMD supplier must receive the PMD prescription and supporting documentation within 45 days after patient exam (or patient's discharge from a hospital or nursing home). Supplier will keep a copy and prepare, sign and date a written Detailed Product Description listing the base wheelchair, options and/or accessories to be provided and billed, to include HCPCS code, manufacturer name and model, cost, and Medicare allowance per item. The Detailed Product Description is then returned to the Physician for approval, signature and date and is then returned again to the PMD supplier. The PMD Supplier cannot dispense the PMD until he receives the final DPD document and must deliver the product prescribed within 120 days after the Physician's face-to-face exam.