

## Patient

- Document patient's age, diagnosis, alertness, and reason for visit.
  - Document how the client presents to the evaluation. (propelling by wheelchair, pushed by wheelchair, etc.)
- 

## Home Environment and Transportation

- What type of home? (apartment, single story home, etc.) Is the home wheelchair accessible?
  - With whom does the patient reside? Who are the care givers?
- 

## History of Condition and Prognosis

- How long has the condition been present and what is the clinical progression of the condition?
  - List the interventions that have been tried and their results.
  - Document patient's past and current mobility equipment. Why is current equipment no longer sufficient?
  - Document the patient's current ambulatory status when performing MRADLs (Mobility Related Activities of Daily Living) such as toileting, feeding, dressing, grooming, and bathing. Document any problems with performing these activities, whether in their entirety or in a functional time frame.
- 

## Physical Exam

- Document height and weight.
  - Document measurements of impairments regarding strength, range of motion, sensation, and/or coordination of arms and legs.
  - Document presence of any abnormal tone or deformity of arms, legs, or trunk.
  - Mobility and balance (Document whether or not patient is ambulatory and their sitting/standing balance).
- 

## Mobility limitation cannot be resolved by the use of an appropriately fitted cane and walker

- Document how far the patient can ambulate without stopping and with which assistive device.
  - Document history of falls while using walker or cane.
  - Observe and document ambulation (with use of cane or walker as appropriate) if possible.
  - If recently using a cane or walker, document the changes that no longer allow patient to use safely.
- 

## Mobility limitation cannot be resolved by the use of an optimally configured manual wheelchair

- Document diagnoses that are responsible for the signs/symptoms that limit self propulsion of a manual wheelchair. (chest pain, cramps, lack of motor control, strength, etc.)
  - Must quantify limitations of strength, grip, range of motion, endurance or coordination.
  - Document history of present condition(s) as well as progression of the difficulty to self propel a manual wheelchair.
  - Document the fact that the patient has tried an optimally configured manual wheelchair and the reason it failed.
  - Include the distance the patient is able to self propel without stopping and which MRADLs are farther than that distance.
- 

## Mobility limitation cannot be sufficiently and safely resolved by the use of a scooter

- Document the reason for the patient's inability to use a scooter
- 

## Power mobility device will significantly improve the beneficiary's ability to participate in MRADLs

- Demonstrates ability to perform activities of daily living in the home, as well as expressed willingness to use the power mobility device in the home.

## CONFIRM THE PATIENT HAS THE MENTAL AND PHYSICAL CAPABILITIES TO SAFELY OPERATE A POWER WHEELCHAIR

---

## Single / Multiple Power Option - Complex Rehab Only

- Document medical necessity for single or multiple power seating option.
- Document the necessity for any other features needed for positioning and seating.