



Power Mobility Documentation Guide

The following issues **must** be addressed **in the patient's chart/progress notes** during a thorough (face-to-face) physical examination relevant to mobility needs. This documentation is **required** by Medicare and other insurances that follow Medicare guidelines for all power equipment. Please do not write your evaluations on this paper, as this is a guide only. **If all these issues are not addressed in the patient's chart notes on the examination date (addendums not accepted), the patient will be required to make an additional appointment to fulfill Medicare's requirement.**

Please understand: This is required by **insurance** for approval. This is **not** a requirement of CareLinc.

- Chart notes **must** state that the purpose of the appointment is for a power mobility evaluation. (**Forms are no longer accepted**).
- **Explain** the patient's mobility **history** that limits activities of daily living and how powered mobility will enable participation in ADL's such as: toileting, feeding, dressing, grooming, and bathing **in the home**. **Include:** height/weight, cardiopulmonary, neurological, musculoskeletal, ROM, strength, when relevant. (i.e..falls, non-ambulatory, arthritis of upper / lower extremities, etc.)
- **Explain why** the patient can't use a cane or walker to meet their mobility needs **in the home**. **Include:** diagnoses, medications, symptoms, progression, relevant to need. (i.e..falls, non-ambulatory, arthritis of lower extremities, amputation, gait, etc.)
- **Explain why** the patient can't use a manual wheelchair to meet their mobility needs **in the home**. **Include:** diagnoses, symptoms, progression. (i.e..dyspnea on exertion, OA of the upper extremities, morbid obesity, tested and confirmed muscle weakness, etc.)
- **If** a power wheelchair is provided, **explain** why a scooter can't meet the patient's mobility needs **in the home**. (i.e..insufficient strength / ROM to operate the tiller steering system, unable to maintain postural stability and position in a scooter, unable to safely transfer in and out of a scooter, home environment does not accommodate the larger turning radius of a scooter, etc.)
- **Explain** that the patient has the physical and mental abilities, **and** is willing and motivated to operate the power mobility equipment safely **in the home**.
- A separate prescription must be written containing **all** the following **7 items**:
 - ✓ Patient's name;
 - ✓ Description of item ordered (scooter or power wheelchair);
 - ✓ Completion date of mobility examination process (i.e..face-to-face exam 00/00/00);
 - ✓ Pertinent diagnosis/conditions that relate to the need for powered mobility;
 - ✓ Length of need (i.e...lifetime or 99 months)
 - ✓ Physician's signature
 - ✓ Date of Physician's signature

These mobility chart notes and prescription must be supplied to us no later than 45 days after the examination.

CMS has created code G0372 for which physicians will receive payment from Medicare for the work to provide this documentation.

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