

**\*\*\* IMPORTANT \*\*\***

## **MEDICARE REQUIREMENT**

The following information needs to be in the patient's chart notes:

1. Reason for the office visit: **mobility evaluation.**
2. Why the patient's mobility limitation will not allow them to participate in Mobility-Related Activities of Daily Living (MRADLs) in the home. **Clearly paint a picture of their limitation and specifically address which MRADLs they cannot currently participate in (e.g., bathing, eating, toileting, etc.)**
3. Why the patient's mobility limitation cannot be resolved by a cane or walker. **Use (0-10) scales to address pain, strength, etc., and objectively provide their current ambulation abilities (gait pattern, distance (ft), etc.)**
4. Why the patient's mobility limitation will not allow them to propel a manual wheelchair. **Use (0-10) scales to address pain, strength, etc.**
5. Whether or not the patient's mental capabilities (e.g., cognition, judgment) and physical capabilities (e.g., vision) are sufficient for safe mobility using a scooter/power operated vehicle (POV) in their home.
6. How the use of a POV will significantly improve the patient's ability to participate in MRADLs, and whether or not they have expressed a willingness to use a POV in the home. **Clearly paint a picture of specific MRADLs that they will be able to participate in with the use of a POV.**
7. Whether or not the patient is able to safely transfer to and from the POV, operate the tiller steering system of the POV, and maintain postural stability and position while operating the POV in their home.

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