

***** 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. Why the patient **does not have** the ability to operate a scooter/POV safely, allowing them to participate in MRADLs in the home.
6. Why the patient requires the additional seating and function of a powered wheelchair (PWC) to participate in MRADLs in the home.
7. How the use of a PWC will significantly improve the patient's ability to participate in MRADLs, and whether or not they have expressed a willingness to use a PWC in the home. **Clearly paint a picture of specific MRADLs that they will be able to participate in with the use of a PWC.**
8. 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 PWC in their home.

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