



West Palm Beach: 561-964-6767

Boynton Beach: 561-733-2331

[www.AtlanticHP.com](http://www.AtlanticHP.com)

The checklist below is derived from Medicare's Coverage criteria for a Power Wheelchair. Without the below criteria being fully and legible documented in the physician's chart notes and Rx, Medical justification has not been met.

### Checklist for Face-to-Face Examination Chart Notes for a Power Wheelchair

**Do the Medical records relevant to mobility needs 1) indicate and 2) support:**

- **Reason:** 'Mobility evaluation for a Power Wheelchair' or Powered Mobility Device –PMD
  - Any other reason, or "follow-up" is not acceptable
- **History** of present condition and relevant past medical history:
  - Symptoms that limit ambulation
  - Diagnoses that are responsible for symptoms
  - Medications or other treatment for symptoms
  - Progression of ambulation difficulty over time
  - Distance beneficiary can walk without stopping
  - Pace of ambulation
  - History of falls, including frequency, circumstances leading to falls
- **Physical** examination relevant to mobility needs:
  - Height and weight
  - Cardiopulmonary examination
  - Arm and leg strength tests and range of motion tests.
- **Neurological** examination:
  - Gait
  - Balance and coordination
- **PWC Assessment:**
  - Description of the mobility limitations and how it impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home.
    - **AND** -
    - prevents the beneficiary from accomplishing an MRADL entirely; - or - places beneficiary at a reasonably determined risk secondary to the attempts to perform an MRADL; - or – prevents beneficiary from completing an MRADL within a reasonable amount of time
  - Beneficiary's mobility limitation cannot be sufficiently and safely resolved by use of appropriately fitted cane or walker;
    - **AND** -
    - Beneficiary does not have sufficient upper extremity function to self-propel an optimally configured manual wheelchair in the home
    - **AND** -

- Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities;  
**- AND -**
- Beneficiary does not meet coverage criteria for a Scooter or POV  
**-AND-**
- Beneficiary's mental capabilities (e.g., cognition, judgment) and physical capabilities (e.g., vision) are sufficient for safe mobility; -- Beneficiary's weight is less than or equal to weight capacity of wheelchair provided;  
**- AND -**
- Beneficiary's home provides adequate access;  
**- AND -**
- Use of a power wheelchair will significantly improve the beneficiary's ability to participate in MRADLs and beneficiary will use it in the home.;  
**- AND -**
- Beneficiary has not expressed an unwillingness to use a PWC in the home.
- **7 Element Order -**
  - beneficiary's name,
  - item of DME ordered "Power Wheelchair", "PWC", or Power Mobility Device
  - Length of Need.
  - Date of the Face to Face Examination
  - Date of the order
  - Diagnosis or Dx Code
  - Legible Signature of the ordering practitioner, or signed over printed name.
- **Statutory Timing Requirements**
  - Did the Supplier Receive within 45 days the 7 Element Order.
  - Did the Supplier Receive within 45 days the F2F Examination Report.
  - Will Delivery of the Power Wheelchair be before 120 days after the F2F

---

**Physicians:** We invite you to create the Face to Face Chart note through

**DMEevalumate.com**

**Medicare Compliant paperwork the first time!**

Please fax your referrals and documentation to 561-290-1434

---