

**BEAUFORT MEDICAL EQUIPMENT**

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• **POWER WHEELCHAIR DOCUMENTATION REQUIREMENTS**

1) Written **RX** from physician **MUST** state: A) Power Wheelchair B) pt's diagnosis C) **"FACE TO FACE"** & date evaluated D) length of need E) doctor signature (NO STAMP) & date

2) **PROGRESS NOTES FORMAT** – Must address every requirement A thru G in a progress note format - **NOT** a letter

A) Must state in progress notes, typically under **Reason for visit:** "Patient is here for power wheelchair evaluation" = **DO NOT STATE FOLLOW UP VISIT**

B) **Mobility** reason why patient needs power wheelchair for ADL's? – to get to bedroom/kit./bathroom.....

C) Why patient can **NOT** use: [keep D and E in mind when addressing i) and ii)]

i) a cane or walker

ii) self propel ANY type of manual w/c - some examples are; [these are only examples your patient may have differ reasons] upper extremity weakness prohibits from propelling wheelchair(why does the patient have this weakness), or COPD is so severe they can not perform the function

\* Patient may be able to use these items above, but if the use is **limited** in such a manner that prevents him/her from completing **ADL's** in a timely or safe manner = State that in your **PROGRESS NOTES**

D) The assessment must include symptoms that limit ambulation, history of present condition and past medical history relevant to mobility needs

E) Physical exam relevant to mobility needs: **Weight and Height**, cardiopulmonary exam, musculoskeletal exam including arm and leg strength/range of motion, and neurological exam including gait and balance and coordination

F) If a POWER WHEELCHAIR is being ordered in lieu of a SCOOTER there must be a reason why the patient can NOT operate the scooter: the following are some examples

i) patient is unable to operate tiller steering

ii) inadequate access between rooms-limited maneuvering space

G) Finally state whether or not the patient has the mental capability to safely operate the power wheelchair

3) **MUST HAVE ALL DOCUMENTATION WITHIN 30 DAYS OF FACE TO FACE EVALUATION.**

**A PT/OT E-Val is Needed After Jan.1<sup>st</sup> 2013- A RX for; "Power WC E-val for Management and Safety Training for Functional Mobility in the Home"**

**CODE "G0372"-FOR PHYSICIAN'S TO FILE FOR FACE TO FACE-  
- ALONG WITH THE OFFICE VISIT.**