

# Documentation Requirements

## Power Wheelchair (With or without manual tilt/recline option)

These notes must clearly indicate that a major reason for the visit was a mobility examination.  
In addition to your standard physical exam, Medicare guidelines dictate the report should provide pertinent information about the following elements:

1. **Date of exam**
2. **Height & Weight**
3. **Related Diagnoses** (current or history)
4. **Symptoms – List Mobility Limitations**
5. **History**
6. **How long has the condition been present?**
  - Clinical progression / severity of condition
  - Interventions that have been tried and the results of those trials
  - Past use of walker, manual wheelchair, POV, or power wheelchair and the results.
7. **Physical Exam**
  - Impairment of strength , range of motion, sensation or coordination of arms and legs
  - Presence of abnormal tone or deformity of arms, legs, or trunk
  - Neck, trunk, and pelvic posture and flexibility
  - Presence of skin breakdown/ decubitus ulcers- current or history- on hip, buttock, lower back , heels, legs
8. **Functional assessment**
  - If applicable, please explain why the patient CANNOT use a cane, walker, manual wheelchair, & scooter. Or please explain why using such devices is unsafe. Medicare considers this the “Algorithm of Thought”.**
  - Any problems with performing the following activities including the need to use a cane, walker, or the assistance of another person:
    - Transferring between a bed, chair, and PMD
    - Walking around their home- to bathroom, kitchen, living room, etc... Provide information on **distance walked, speed, balance, and safety of ambulation.**
    - Ability to perform functional independent weight-shifts while in wheelchair.
  - Explain Mobility Related Activities of Daily Living (MRADL) that the power wheelchair is expected to help with. (ex: toileting, preparing meals, grooming/dressing, childcare, etc...)

**NOTE:** Medicare will only cover ambulation devices for use *inside the patient's home.*

### Sample Chart Notes:

*Patient Name (1) Date of exam: 10/1/06 (2) Height 56", Weight 140#*

*(4) Diagnosis: MS, R shoulder rotator cuff tear, decubitus ulcer-sacrum*

*(3) Pt presents today for wheelchair evaluation. She has decreased upper extremity function due to disease progression and increased shoulder pain and increased fatigue (5) Pt Dx with MS ~ 8 years ago. Has been non-ambulatory for ~3yrs, can no longer use a walker. Has been using a manual w/c for 5 years, but can no longer self-propel due to shoulder pain and decreased function and fatigue. (6) She has decreased strength and range-of motion due to disease progression and fatigue and recent rotator cuff tear. Decreased tone in legs. Cannot use a scooter due to decreased trunk stability. (7) Is non-weight bearing and non-ambulatory. Performs slide transfers from bed to chair and chair to bedside commode. Unable to perform functional weight shifts due to shoulder pain and upper extremity weakness secondary to progression of MS.*

**Recommendations:** *power wheelchair to aid patient in moving between rooms in home and to aid in toileting, meal prep, and grooming. With the aid of a power wheelchair, the patient will be able to reserve her strength to perform ADL's instead of using all her strength for propelling a manual wheelchair.*