

Power mobility Device

This product requires a face-to-face office visit with their provider and a detailed order prior to delivery. The following documentation is required to be in clinic visit/therapy notes from the treating provider within 6 months of the prescription for consideration of payment.

- A. Indicate that this office visit is a face-to-face mobility evaluation for the purpose of evaluating the patient for a power mobility device (scooter/power wheelchair).
- B. Describe and explain what has changed with your patient's mobility that they now have these symptoms, problems, or conditions which now cause your patient to require a powered mobility device (scooter or power wheelchair) to perform MRADLs (toileting, feeding, dressing, grooming and bathing) in their home.
- C. List which MRADLs (toileting, feeding, dressing, grooming and bathing) are currently limited by the patient's mobility impairment and the medical condition that has caused the mobility impairment.
- D. Describe with objective measures why a cane and a walker can't meet your patient's mobility needs in the home. Examples: gait unsteady, frequency of falls, oxygen destaturates to__ percent, measure upper and lower extremity strength with muscle test scale 0 to five to describe weakness, describe poor balance, level pain measured by pain scale.
- E. Describe with objective measures why a manual wheelchair specifically fit for your patient can't meet your patient's mobility needs in the home. Examples: SOB oxygen destaturates to__ percent, measurement upper and lower extremity strength with muscle test scale 0 to five to describe weakness, measure grip strength, measurement of right sided weakness due to CVA and trialed a one arm drive manual wheelchair describe results, decreased ROM of shoulders, pain in shoulders and hands with pain scale measurement
- F. Describe with objective measures why a scooter (POV) could meet your patient's mobility needs in the home (order a scooter). Or describe with objective measures why a scooter (POV) couldn't meet your patient's mobility needs in the home. (order a power wheelchair) Examples: can't safely lift leg to transfer in/out, can't operate tiller, lacks postural stability, measure upper and lower extremity strength with muscle test scale 0 to five to describe weakness, patient's needs for seat modifications, home does not allow enough space for maneuvering scooter.
- G. Does your patient or their caregiver demonstrate the capability physically, mentally and is willing to consistently operate the power mobility device ordered (scooter or power wheelchair) safely in the home?
 - **Physical Exam** as relevant to your patient's mobility limitations in their home.
 - **Height, Weight**

Our Locations

Baraboo · 1111 Eighth Street · 800-924-2273
Fond du Lac · 307 Camelot Drive · 800-732-1313
Janesville · 3700 E. Racine Street · 800-924-2273
Madison · 4639 Hammersley Road · 800-924-2773
Reedsburg · 164 Second Street · 800-924-2273

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- **Eyes:** Is patient's vision is sufficient to safely operate a scooter/power wheelchair?
- **Respiratory:** Describe how far and at what pace the patient can walk with best ambulatory aid and self-propel a manual wheelchair before becoming short of breath. Detail how the patient's respiratory tolerance has changed?
- **Cardiovascular:** Describe clinically significant increased heart rate, palpitations or ischemic pain that occurs or worsens when the patient attempts or performs MRADLs within the home. Observe and document how far and at what pace the patient can walk with best ambulatory aid and self-propel a manual wheelchair before experiencing cardiovascular signs/symptoms? Detail how the patient's cardiovascular status has changed over time?
- **Musculoskeletal:** Describe the patient's muscular strength as it relates to the accomplishment of MRADLs on a scale of 0 to five: Describe patient's demonstrated control of the postural alignment, standing balance, measure ROM, ambulation capacity and ability to transfer and weight shift with current mobility aides. If the patient has a history of falls in the home, describe them. Describe how far and at what pace the patient can walk with best ambulatory aid and self-propel a manual wheelchair before musculoskeletal signs/symptoms interrupt that activity. Detail how the patient's musculoskeletal status has changed over time?
- **Neurological:** Record any abnormalities of sensation, coordination, deep tendon reflexes or spasticity as it relates to the accomplishment of MRADLs in their home. If the patient complains of dizziness, syncope, seizures, lack of coordination or abnormal sensation, state how these symptoms have changed over time.
- **Skin:** Describe if the patient has had past or current pressure ulcer or has any loss of sensation.
- **Social History:** If the patient cannot safely operate the scooter/power wheelchair, describe the availability of a willing caregiver to operate this equipment in order to aid the patient in the accomplishment of his/her MRADLs in the customary locations of the home.
- **Psychiatric:** Confirm the patient's mental status, judgment, insight, and memory to safely use PMD.

Before or after your face to face powered mobility evaluation, you can refer your patient to an OT/PT therapist who can perform parts of the above required documentation. The therapist will obtain quantitative measures to describe strength, range of motion etc. and have the patient trial a manual wheelchair, scooter or power wheelchair. The therapist will then document the patient's ability or inability to utilize a manual wheelchair, scooter or power wheelchair to help determine which power mobility device will be best for your patient to use in their home to be able to safely complete their MRADL.



A scooter or POV (powered operated vehicle) is a mobility device that has three or four wheels, a tiller for steering and a swivel seat. Because of the way a scooter is driven, this device requires good trunk control, good arm strength and mobility, as well as fine motor control. This means that the seat and driving functions cannot be customized for individual needs. Scooter seats cannot be fitted with pressure relieving cushions or other rehab type seating options. Scooters have a larger turning radius than a power wheelchair, and therefore are more difficult to navigate inside the home or in tight spaces. Where a scooter may be preferred is those who do not have special seating needs and just need a method of mobility.



A power wheelchair has four or six wheels, a drive system and a seating system. Power wheelchairs are devices that can be customized to fit any disability and provide independent control for individuals with any useable movement. Power wheelchairs are really three components combined into a single system - the base, the seating, and the drive mechanism. In a power wheelchair, the seat and back cushion, armrests, headrest, leg rests, power options, etc are all chosen to suit the patient's needs. Power wheelchairs can be fitted with power tilt, recline, elevating leg rests and seat elevators. For drive controls, the standard drive mechanism is a joystick. The joystick speed and sensitivity can be adapted to each individual user.