

SOUTHERN MEDICAL

Home Medical Equipment

GUIDELINES FOR POWER MOBILITY DEVICES

ALL DOCUMENTATION MUST BE NOTED IN THE MEDICAL RECORD OF THE PATIENT

1. Face-To-Face Required. Please note **MOBILITY EXAM** as the reason for the visit.
2. Discuss and document the following questions and the answers into the medical record. Use diagnoses and symptoms to rule out each modality
 - a. Can the patient use a cane? No. Why? Explain
 - b. Can the patient use a walker? No. Why? Explain.
 - c. Can the patient use a manual wheelchair? No. Why? Explain.

COVERAGE FOR SCOOTER	COVERAGE FOR POWER WHEELCHAIR
<ul style="list-style-type: none"> • Justify the Scooter: Does the patient have good upper extremity strength bilaterally? Can the patient maintain their own posture in a seated position? Is the patient able to safely transfer? Does the patients home accommodate a scooter? 	<ul style="list-style-type: none"> • Rule out the Scooter by explaining why the patient is not a good scooter candidate: Poor upper extremity strength, Unsafe Transfers, Unable to maintain posture, home will not accommodate the scooter turning radius.
<ul style="list-style-type: none"> • Explain how the Scooter will assist the patient with their MRADLs (bathing, toileting, dressing, accessing meals, escaping home in event of an emergency). • Can the patient safely and willingly maneuver a scooter in the home? 	<ul style="list-style-type: none"> • Justify the Power Wheelchair: Explain how the power wheelchair will assist the patient with their MRADLs (bathing, toileting, dressing, accessing meals, escaping home in event of an emergency). • Can the patient safely and willingly use a power wheelchair in the home?
<ul style="list-style-type: none"> • REFRAIN from using references outside of the home. 	<ul style="list-style-type: none"> • REFRAIN from using references to outside the home.

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STANDARD WRITTEN ORDER

DATE OF ORDER: _____

PATIENT NAME: _____

EQUIPMENT REQUESTED: _____

PHYSICIAN NAME

NPI#

PHYSICIAN SIGNATURE

DATE