

# Documentation Checklist for Power Operated Vehicle (POV = Power Wheelchair or Power Scooter)

## The following should be documented by the Ordering Practitioner:

The assessment includes information about the following (not all-inclusive, the exam should be tailored to the individual beneficiary):

1. History of the present conditions and past medical history that is relevant to mobility needs
  - a. Note clearly states major reason for visit is a mobility examination
  - b. Symptoms that limit ambulation
  - c. Diagnoses that are responsible for these symptoms
  - d. Medications or other treatment for these symptoms
  - e. Other diagnoses that may relate to ambulatory problems
  - f. How far the beneficiary can walk without stopping
  - g. Pace of ambulation
  - h. What ambulatory assistance (cane, walker, wheelchair, caregiver) is currently used
  - i. What has changed to now require use of POV
2. Physical examination that is relevant to mobility needs (objective measures):
  - a. Weight and Height
  - b. Cardiopulmonary examination
  - c. Musculoskeletal examination including arm and leg strength and range of motion
  - d. Neurological examination including gait and balance and coordination
3. Medical record is **SIGNED** either electronically (preferred) **or** hand signed with date and printed clearly the providers name under the signature.

**NOTE: If you are NOT sending patient to PT/OT for further evaluation, you must use additional checklist to complete your clinical note**

4. Receive and review PT/OT clinical documentation
  - a. Sign behind PT/OT with date and printed name

## **The following should be done by the PT/OT:**

5. The face to face evaluation supports that the beneficiary's condition meets all LCD coverage criteria:
  - a. The beneficiary has a mobility limitation that significantly impairs his/her ability to participate in one of more mobility-related activities of daily living (MRADLs) in the home
  - b. Use of a POV will significantly improve the beneficiary's ability to participate in (at least) one MRADLs in the home – such as: toileting, feeding, dressing etc.
  - c. The mobility deficit cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker
  - d. The beneficiary does not have sufficient upper extremity function to self-propel an optimally-configured manual wheelchair in the home to perform MRADLs during a typical day
  - e. The beneficiary has a physical and/or mental limitation that prevents safe use of a POV in the home and/or the beneficiary's home provides inadequate access for operation of POV
  - f. The beneficiary does have the mental and physical capabilities to safely operate the POV that is provided.
  - g. The beneficiary is able to:
    - Safely transfer to and from the POV
    - Operate the controls/tiller system
    - Maintain postural stability and position while operating POV
  - h. The beneficiary's weight is less than or equal to the weight capacity of the POV that is provided
  - i. The beneficiary has not expressed an unwillingness to use the POV in the home.
6. Send clinical documentation to ordering practitioner

### **OPTIONAL:**

7. If already visiting the patient's home, you can also document the following:
  - a. Door widths/thresholds (how tall)
  - b. Flooring description
  - c. Ramp available
  - d. Rooms without POV access