



**MEDICAL EQUIPMENT
and HOSPICE CARE**

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***This visit can be billed using add-on code G0372 in addition to E&M codes**

PLEASE read this word-for-word. This is not a "form" that can be submitted to Medicare/Insurance. This is just a checklist for instructional purpose and guidance. **PLEASE** only invest your time and ours **IF** the patient is a **LEGITIMATE CANDIDATE** for a Power Mobility Device.

Office visit **MUST be TITLED "Face to Face Evaluation for Mobility Device"**

*note: **DO NOT** title the visit "routine follow-up".

The visit is charted in normal charting format. Also, conduct your normal physical assessment including height/weight/blood pressure/list of medications/history of complications/etc...

All relevant diagnoses that affect mobility are listed (preferably with ICD-9 codes).

Explanation of why ambulation cannot be accomplished with a "cane" or "walker".

*note: Both items, "cane" and "walker" must be ruled out. **Do NOT use subjective terminology such as "unsteady gait", "fatigue", or "shortness of breath"**. If you do mention "unsteady gait" describe history of falls and what the patient was doing when they fell. If mentioning "shortness of breath" or "fatigue", use a pulse-oximeter to indicate their oxygen levels at rest and after ambulation or after attempting to propel a manual wheelchair. **Can they go from a sitting to standing position independently? How far can they walk if they can at all, and at what pace, and with what device? Briefly discuss lower extremity strength levels (using a numerical scale), range of motion, & posture. What is the patient's method/ability for transfers?**

Explanation of why the patient cannot self-propel a standard or properly configured light-weight manual wheelchair. This is where you **MUST address any and all issues with the upper extremities**...from shoulders down to hands. Again, vague statements, such as **"generalized weakness" are NOT acceptable. Use numerical values here. Quantitative measurements** (example. "Due to arthritis, patient has pain in their shoulders, wrists and elbows on a scale of 8/10, due to peripheral neuropathy their grip strength is 2-/5, and is therefore unable to self propel even a properly configured lightweight manual wheelchair")...assess each upper extremity (left and right) individually. Also, **discuss their ability to perform independent weight shifts**...can they do it consistently and frequently? **Pressure sores?**

Explanation of whether a scooter or power wheelchair is the most appropriate device.

*note: a general guideline is that scooters are NOT appropriate if the patient is at risk of falling when trying to transfer on and off the platform of a scooter, if they do not have the strength to lift their foot/leg up and onto the platform, if the patient lacks endurance in UE's to operate the steering tiller and throttle controls simultaneously, or if the scooter will not maneuver inside the home. **The scooter must be discussed and ruled out in your evaluation, IF it is not the appropriate power mobility device.**

Current functional ability to perform ADL's.

Insurance is wanting to know **what SPECIFIC ADL's they are CURRENTLY able to do**. What specific ADL's they are **NOT able to do**, and what **ADL's a power mobility device will help them do**. Be descriptive about their daily routine and the challenges they are having regarding **hygiene, dressing, feeding/cooking, cleaning, toileting, etc**...discuss them all.

*note: Shopping, Gardening, and other **outdoors activities are NOT acceptable/considerable ADL's**

It is stated that "the patient is able and willing to safely operate a Power Mobility Device and that the home can accommodate the device."