

**Requesting current chart notes where ALL of the below are addressed- the provider during this appt is the ONLY person that can sign the SWO attached**

**PWC Chart Note Checklist**

Per Patient's Health Plan\*

**EACH item below MUST be documented in your patient's CHART NOTE at the time of the Mobility Exam.**

\* Please note that the requirements noted below are not Scooter's & More requirements, but those of your patients health plan.

*All questions MUST be answered in complete sentences:*

**Please document in chart note.**

1. Please describe the Medical Conditions (Diagnosis) that impact patient's mobility needs.
2. How has your patient been ambulating and what has changed to now require a Power Wheelchair (PWC)?
3. Please describe the MRADLs impaired IN THE HOME (must be specific & include at least ONE).

*Examples:*

- PMD is necessary to . . . get to the bathroom to toilet / bathe.
- PMD is necessary to . . . get to the kitchen to prepare meals / cook / eat.
- PMD is necessary to . . . get to the bedroom to groom / dress.

4. Cane or Walker — Why will it not medically meet your patient's mobility needs in the home?

*Examples must include quantitative support:*

- Patient cannot use a cane / walker due to history of falls and RLE of 2/5 & LLE of 2/5.
- Patient cannot use a cane / walker due to poor balance and desaturated to 87% or below.

5. Manual Wheelchair — Why will it not medically meet your patient's mobility needs in the home? *Examples must include quantitative support:*

- Patient cannot use a MWC due to RUE 1/5, LUE 1/5, grip strength 2/5.
- Patient cannot use a MWC due to contractures of hands and pain level of 9/10.

<b>Objective Upper &amp; Lower Extremity Assessment Examples:</b>	
Strength	i.e. RUE (1/5) & LUE (1/5 and RLE (2/5) & (2/5)
Pain	i.e. (8/10)
Range of Motion	Degree of limitation
Gait Pattern	Ataxic, shuffling, non-ambulatory

6. Scooter (POV) — Why will it not medically meet your patient's mobility needs in the home?

*Examples:*

- Patient cannot use a POV due to lack of postural stability.
- Patient cannot operate the tiller of a POV.
- Patient requires special seating due to pressure sore that come in contact with the seating area.

7. Describe how the prescribed equipment (name equipment) will improve your patient's ability to perform their MRADLs in the home (i.e. *A PWC will improve my patient's ability to get from the bed to bath to toilet, Swingaway hardware to move the joystick controller out of the way will allow the beneficiary to perform a slide transfer to a bed or chair, Swingaway hardware will allow the beneficiary to move closer to the table to eat, etc.*).

8. Please state whether your patient can safely operate the power mobility device both mentally and physically.

9. Please state if your patient willing & motivated to use the power mobility device in the home.



If ALL the above are not documented in the chart note, your patient's health plan will not allow us to move forward and your patient may have to return for another mobility examination.

