



Bellevue Healthcare (POV/PWC)

PT/OT Guide for Power Mobility Device and Accessories

POV- Scooter

PMD/PWC - All Other

A PT/OT Evaluation is required by Medicare for coverage of most Power Wheelchairs.

The Evaluation Notes and/or the LMN must include the following information:

- The condition/diagnosis that requires the need for the power wheelchair.
- How the mobility limitation impairs the patient's ability to perform MRADL's (ex; toileting, grooming, dressing, bathing, feeding, etc.) inside the home and how the requested PWC will allow them to complete them.
 - Prevents the beneficiary from accomplishing an MRADL entirely; or
 - Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; or
 - Prevents the beneficiary from completing an MRADL within a reasonable time frame.
- It must be stated why the patients mobility cannot be sufficiently resolved by use of a Cane, Walker, Standard Manual Wheelchairs (K1-K4), Optimally Configured Manual Wheelchair and a Scooter (if a PWC is being requested) within the home.
 - Even though it may be obvious that the patient cannot use any other assistive device, it must be stated that they are unable as well as explained.
- Strength/ROM tests need to be documented
 - Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function.
 - Strength of 4/5 - 5/5 is considered to be WNL
 - If patient has these strength tests, must have reasons other than lack of strength on why patient can't propel an optimally configured MWC.
- If the recommended equipment is for a Scooter
 - Indicate that the patient is safely able to transfer on and off
 - Able to operate the tiller for steering; and
 - Able to maintain postural stability and position while operating the POV in the home

- General Rules:
 - The patient is willing and able to use the Power Wheelchair within the home.
 - The beneficiary has the mental and physical capabilities to safely operate the power wheelchair that is provided

PWC Accessories

- **Tilt/Recline & Power Elevating Legrests**
 - The beneficiary is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift;
 - The beneficiary utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to bed; or
 - The power seating system is needed to manage increased tone or spasticity.
- **Power Seat Elevate**
 - Non Covered