

## **Condensed Dr. Requirements for a Mobility Evaluation**

Any questions please feel free to contact us at:

**SS MEDICAL SUPPLY 1-800-657-4090**

For Medicare to consider your patient for Mobility the **CHART Notes Must Address:**

1. Narrative Evaluation – **description “MUST” be entered directly onto the patient’s chart** by either **Your Handwriting or by Dictation.** Whichever method you normally use to handle your patients medical entries. **Options: Physician can elect to write a PT Evaluation order for Motorized Mobility. Note: Office Staff Notes WILL NOT be Accepted.**
2. **The patient’s chart “MUST STATE”** that the **Primary Reason** for the **Patient’s Visit** was to Have a **“Face to Face”** Meeting with you to **Conduct a Mobility Evaluation.**
3. **Dr. “MUST STATE”** that the **Mobility Equipment** is for **Mobility Needs Inside the Home.**
4. **Discussion with Patient: What the patient’s (Unassisted) Mobility Limitations** are and how this affects their **mobility related** Activities of Daily Living (ADL’s). **Is the patient Safely able to get about inside their home,** (this includes the Bathroom, Dining, and Kitchen) **OR** Do they have **Mobility Problems** that **PREVENT** them from performing any of their ADL’s.
5. What **distances** can the patient walk **(Unassisted)** with a **cane or walker?** What **level of risk** does this impose for **potential falls?** **Has patient had fall that resulted in injury?**
6. **Discuss** whether a cane or walker will meet all their necessary needs for **In Home Mobility.** If a cane or walker is **not** appropriate. –**Document Why.**
7. **Evaluate whether or not** patient is able to **independently self propel ANY type of manual wheelchair** throughout their home to conduct their necessary ADL’s. Include any **diagnosis** that might **prevent** or limit **self-propelling.**
8. **Explain** whether you feel a **Motorized Wheelchair** driven by a **joystick** is required for their use inside the home. **If required** for patient to perform their ADL’s then **YOU CAN** include an order for a **Motorized Wheelchair** into the patient’s chart. **CAN THE PATIENT TRANSFER?**
9. **Discuss** if patient has the **Desire** as well as **Mental Ability** to use ordered equipment.
10. **Include In Chart** – Patient’s **Height/Weight - U/E and L/E Strength - Range/Motion.**