

# POWER WHEELCHAIR CLINIC NOTE CHECKLIST

The following are SAMPLE medical record entries and are provided for educational purposes only. All of the items below must be in the clinical note otherwise insurance will deny coverage and require a repeat visit:

- State** reason for visit: Patient is here today for a **MOBILITY EXAMINATION FOR POWER WHEELCHAIR**
- Describe** the change in patient's condition and explain why they need a powered wheelchair:
- Document** Height & Weight
- Document** Manual muscle test grades to quantify weakness: Upper extremities 3-/5 Lower extremities 3 / 5
- Rule out Walker & Cane:** "A walker is not appropriate because **A>** Patient cannot stand **B>** Pt has sharp leg pain rated X/10 with use **C>** Patient requires contact guard to mod assist with use of this device **D>** Balance and coordination deficits prevent client from safely using a walker."
- Rule out Manual Wheelchair:** "Patient cannot propel any type of manual wheelchair due to: **A>** Upper extremity weakness (3 / 5) **B>** Hemiplegia **C>**Pain at 7/10 with motion required to propel a manual WC. **D>** Coordination deficits." NOTE> Upper extremity weakness must be quantified. Use MMT Scale 0/5-5/5.
- Rule Out Scooter:** **A>**"Pt reports their home lacks the space required for use of a 3 wheeled scooter AND/OR **B>**"Patient cannot safely transfer to a scooter" or **C>**"Pt lack UE ROM to use tiller steering mechanism."
- State:** "Patient is a good candidate for a powered wheelchair so that they may safely mobilize within the home to safely access the kitchen and bathroom facilities for timely completion of activities of daily living. Patient exhibits the mental and physical ability to safely utilize a joystick controlled powered wheelchair. Patient reports that their home is amendable for use of a powered wheelchair"
- If** any prior history of or current skin breakdown on buttock, sacrum, hip, lower back OR impaired sensation: "Patient has history of stage I-IV pressure sore on buttock and requires a pressure relief & positioning cushion"
- IF** client is **A>** Paralyzed or **B>** Has a progressive neurological diagnosis **C>** Has a congenital skeletal deformity or **D>** Is unable to perform a functional weight shift (High risk for skin breakdown), The client must be evaluated by the wheelchair providers Assistive Technology Professional (ATP) and also a PT or OT.
- Verify** that there are no contradictions between these statements & Review of System medical record entries
- Write Rx for:** "Powered Wheelchair"
- Write separate prescription** for "PT / OT to Evaluate For Powered Wheelchair" :
- Fax** orders and signed and dated face-to-face mobility examination note to: **888-814-6917 Attn: Cliff**

**SAMPLE ENTRIES -** Tailor to clients current condition & explain how their disease process affects their ability to mobilize and complete their activities of daily living within the home. (Community mobility is **not** a covered reason)

**RESPIRATORY ILLNESS SAMPLE:** "Patient is a XX year old with COPD, worsening gradually over the past year despite compliant use of XYZ meds, nebulizer & rescue inhalers. Now with the constant use of 2L NC O2 at home for the last month the patient can no longer walk to the bathroom, 20 feet from the bed without becoming SOB. Patient has to stop and rest for 15 minutes before being able to resume ADL's."

**CARDIOVASCULAR ILLNESS SAMPLE:** "Patient is a XX year old with Coronary Artery Disease and reports heart racing, chest pain, SOB & weakness when walking (or pushing manual WC) 15 feet to get to the kitchen over the past 3 months. Patient becomes very unsteady when fatigued and is a high fall risk"

**NEUROMUSCULOSKELETAL SAMPLE:** A> "Patient suffers from severe osteoporosis, spinal stenosis and has become progressively weaker over the past 6 months. Patient reports he/she can no longer get to the kitchen or bathroom & can only walk 5 feet before their back pain rated at 8/10 becomes unbearable and has to sit down. Patient walks with unsteady gait due to Parkinson's disease requiring contact guard assist for safety. He/She is not able to independently get to the bathroom and kitchen without the assistance of another person and is a high fall risk.

Questions: Call or text Cliff McClinton, ATP at (256) 467-7639 - Physicians Home Health SuperStore