

CLINICIAN CHECKLIST FOR POWER MOBILITY DEVICES

Policy References:

- [Local Coverage Determination \(LCD\) \(L33789\)](#)
- [Policy Article \(A52498\)](#)

Documentation References: [Standard Documentation Requirements Policy Article \(A55426\)](#)

The treating clinician must complete the following items:

Conduct and document a face-to-face (F2F) evaluation

[Written Order Prior to Delivery](#)

Medical records as noted below

Medical Documentation

Beneficiary has mobility limitation significantly impairing ability to participate in one or more mobility-related activities of daily living (MRADLs) in their home:

Prevents beneficiary from accomplishing an MRADL entirely; **or**

Places beneficiary at a reasonably determined risk secondary to attempts to perform an MRADL; **or**

Prevents beneficiary from completing an MRADL within a reasonable amount of time.

Beneficiary's mobility limitation cannot be sufficiently and safely resolved by use of appropriately fitted cane or walker.

Beneficiary doesn't have sufficient upper extremity function to self-propel an optimally-configured manual wheelchair in the home (Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities).