

## **CLINICIAN CHECKLIST FOR PUSH-RIM ACTIVATED POWER ASSIST DEVICE**

### **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**

Meet general coverage criteria for a power mobility device:

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).

Beneficiary has been self-propelling in a manual wheelchair for at least one year.

Beneficiary has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a PT or OT, or practitioner who has specific training and experience in rehabilitation wheelchair evaluations and that documents the need for the device in the beneficiary's home. The PT, OT, or practitioner may have no financial relationship with the supplier.