

Policy References: [Local Coverage Determination Power Mobility Devices \(L33789\) and Policy Article \(A52498\)](#)

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

Push Rim Activated Power Assist Devices (E0986)

- [Standard Written Order \(SWO\)](#)
- [Face-to-Face \(F2F\)](#)
- Specialty Evaluation
 - Performed by an LCMP with specific training/experience in rehabilitation wheelchair evaluations
 - Provides detailed information explaining the need for each specific option or accessory
 - Done in addition to the F2F requirement
- [Beneficiary Authorization](#)
- [Proof of Delivery \(POD\)](#)
- [Continued Need](#)
- [Continued Use](#)
- Financial Attestation Statement
- Home Assessment
- Medical records from treating practitioner as noted below

Medical records should contain:

- Criterion A is met
- Criterion B is met
- Criterion C is met
- Criterion D is met
- Criterion E is met
- Criterion F is met
- Criterion G is met

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- Criterion H is met
- Criterion I is met
- The beneficiary has been self-propelling in a manual wheelchair for at least 1 year; **and**
- Beneficiary had a specialty evaluation, as described above; **and**
- Wheelchair is provided by a supplier employing a RESNA-certified ATP specializing in wheelchairs who has direct, in-person involvement with wheelchair selection for the beneficiary