

DOCUMENTATION CHECKLIST FOR PUSH RIM ACTIVATED POWER ASSIST DEVICES

Policy References:

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

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

The supplier must be able to provide all of these items on request:

[Face-to-Face \(F2F\) and Written Order Prior to Delivery \(WOPD\)](#)

If the report of a licensed/certified medical professional (LCMP) examination is to be considered as part of the F2F, there must be physician concurrence or disagreement with the LCMP examination

Specialty Assessment

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

[Prior Authorization - Specific HCPCS codes \(CMS Required Prior Authorization List\)](#)

[Beneficiary Authorization](#)

[Proof of Delivery \(POD\)](#)

[Continued Need](#)

[Continued Use](#)

Attestation Statement

Home Assessment

Medical records from treating practitioner as noted below

Medical records for push rim activated power assist devices (E0986) should contain:

Criteria A - D are met:

A. The beneficiary has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home. A mobility limitation is one that:

Prevents the beneficiary from accomplishing an MRADL entirely, **or**

Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; **or**

Prevents the beneficiary from completing an MRADL within a reasonable time frame.

B. The beneficiary's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker.

C. The beneficiary does not have sufficient upper extremity function to self-propel an optimally-configured manual wheelchair in the home to perform MRADLs during a typical day.

Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function.

An optimally-configured manual wheelchair is one with an appropriate wheelbase, device weight, seating options, and other appropriate nonpowered accessories.

D. The beneficiary is able to:

Safely transfer to and from a POV, **and**

Operate the tiller steering system, **and**

Maintain postural stability and position while operating the POV in the home.