Manual Wheelchair Documentation Requirements

Valid written order that contains: *(Prescription)*
1. Beneficiary name
2. Pertinent Diagnosis/ conditions that relate to mobility need
3. Item description
4. Length of need (in months and or in years, 99 months= lifetime)
5. Treating physician signature (legible or needs to also be printed)
6. Date of physician signature

Qualifying Documented Criteria
*Chart notes must be detailed and include the following:*
1. The distance the patient can walk in comparison to the distance they need to walk to accomplish their Activities of Daily Living (i.e. the distance to the bathroom/kitchen/bedroom is greater than the distance they can walk in a timely manner, and give a specific amount of time)
2. Number of feet patient can ambulate with an ambulatory device (i.e. cane or walker) without stopping
3. What ambulatory assistance is currently used or has been attempted and why it is not adequate
4. Progression of ambulation difficulty over time
5. All diagnosis that are responsible for ambulatory limitations
6. Height and weight
7. If lightweight chair is being prescribed chart notes must show quantitative measurements of upper body extremities
8. If patient needs wheelchair due to shortness of breath
   • Chart notes must cover diagnosis, symptoms, and a history of decline of the respiratory condition
   • Alternative treatments tried and the results
   • Conduct a lung function test or an oxygen saturation test at rest, then with ambulation, showing the decline in saturation levels after ambulating