

Reflection Medical, Inc.



"Your Wheelchair People"

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Physician's Chart Notes For Power Mobility

Chart Notes **MUST** contain the following:

- 1) That the patient came into the office for a mobility evaluation.
- 2) A diagnosis and medical condition that justifies the wheelchair being requested.
- 3) Rule out the why the patient cannot use a cane, walker, optimally configured manual wheelchair or power scooter (POV) to complete one or more of his/her ADL's. There must be medical justification (objective measurements) to rule out each device.

***The Doctor must Include objective measurements as justification for the equipment!*

- 4) Must state that the equipment is necessary for the patient to complete his/her "Activities of Daily Living" in his/her home. (Must state specific activities included in ADL's) and how the patient will transfer to and from the power equipment.
- 5) Must state that the patient is willing and able to safely operate power mobility equipment.

The chart notes must "paint a picture" of the patients limitations and needs inside his/her home with the activities of daily living that make the equipment necessary.

****NOTE:** If all items listed above are documented in the chart notes, the physician can use code G0372 to charge for the extra time and effort to complete the mobility evaluation.

Prescriptions Must Have:

- 1) Patient's Full Name
- 2) Date of Prescription
- 3) Date of FACE to FACE visit for mobility evaluation
- 4) Type of wheelchair being requested
- 5) Diagnosis for wheelchair
- 6) Length of Need
- 7) Doctor's ORIGINAL signature

*Note: The prescription will have 2 separate dates listed.