



PHYSICIAN'S GUIDE FOR: POWER MOBILITY DEVICE FLOW CHART

BILLING CODE: G0372



1. INITIAL VISIT TO THE PHYSICIAN **MUST** BE PRIMARY FOR EVALUATION FOR POWER MOBILITY DEVICE (PMD).
- AND**
2. **MUST** BE DOCUMENTED IN PATIENTS CHART FOR THAT VISIT DATE.

DOCUMENTATION INCLUDES:

- RULE OUT USE OF CANE AND WHY.
- RULE OUT USE OF A WALKER AND WHY.
- RULE OUT USE OF A MANUAL WHEELCHAIR AND WHY.

OTHER OBJECTIVE DOCUMENTATION MUST ALSO BE USED:

- HOW FAR CAN PATIENT AMBULATE WITH/WITHOUT ASSISTANCE?
- IS PATIENT'S AMBULATION SAFE AND FUNCTIONAL?
- IS AMBULATION A TAXING EFFORT AND TO WHAT DEGREE?
- DOES PATIENT DECOMPENSATE WITH EXERTION/AMBULATION AND TO WHAT EXTENT?
- HOW LONG DOES PATIENT NEED TO REST BEFORE MOVING TO NEXT ACTIVITY.
(EXAMPLE: <SpO₂ 87% WITH AMBULATION OF 15FT. WITH RECOVERY TIME OF 20 MINUTES REST.)
- RESULTS FROM A MANUAL MUSCLE TEST SCALE.
- PATIENT'S DEGREE OF RANGE OF MOTION.

OR

3. SEND PATIENT FOR PHYSICAL THERAPY EVALUATION.
(DOCUMENT IN PATIENT'S CHART AT TIME OF VISIT)
4. WRITE PRESCRIPTION FOR EVALUATION FOR POWER MOBILITY DEVICE AND FAX TO:

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