

## Examples of Medical Record Documentation: Potentially Sufficient and Insufficient to Support Coverage of Power Mobility Devices

This document provides examples of portions of the medical record essential for supporting the medical necessity of the PMD in the beneficiary's home. Please note that it does not describe all of the necessary documentation required for a PMD.

These examples are solely for educational purposes and to help physicians understand the types of information which Medicare believes is critical to suppliers. Refer to the links listed in the Related Links section for more information on the Power Mobility Device Face-to-Face Examination Checklist, NCD, and LCDs.

### ***Insufficient (May likely result in DENIAL)***

Mr. Smith is a male, age 72, with Chronic Obstructive Pulmonary Disease (COPD) who over the last few weeks has been having more Shortness of Breath (SOB). He states he is unable to walk for me today because he is too tired. Therefore he needs a PMD.

### ***Sufficient (May likely result in an APPROVAL if other requirements are met)***

Mr. Smith is a 72 yo male with COPD, worsening gradually over the past year despite compliant use of XYZ meds, nebulizers and rescue inhalers. PFT's (attached) demonstrate the decline in lung function over the last 12 months. Now with the constant use of 2-3L NC O2 at home for the last month, he still can no longer walk to the bathroom, about 30 feet from his bed without significant SOB and overall discomfort. The kitchen is further from his bed. He says his bed/bath doorways and halls are wide enough for a scooter that will bring him to his toilet, sink and kitchen, all of which are on the same floor. VS 138/84, Ht rate 88 RR 16 at rest on 3L NC

**Vision**- sufficient to read newspaper with glasses on

**Ht XX Wt YY**

**Ambulation** - Sit to stand was done without difficulty. Patient attempted to ambulate 50' in hallway, but needed to stop and rest 2 x's before he could accomplish. HR at first stop point (about 25') was 115 and RR was 32. Patient became slightly diaphoretic.

**Lung exam** - Hyperresonant percussion and distant breath sounds throughout. Occ wheezes.

**Neuro**- Hand grips of normal strength bilat. Patient able to maintain sit balance when laterally poked. Steps carefully around objects in the room.

**Alternative MAE equipment** - Pt has attempted to use cane, walker or manual wheelchair unsuccessfully due to extreme fatigue with slight exertion described above.

**Assessment** - Pt seems good candidate for a POWER MOBILITY DEVICE to carry him the necessary distances in his home to use toilet/sink and kitchen facilities. Home seems amenable to this device.