



Per Medicare guidelines the Face-to-Face (F2F) chart notes must include documentation that substantiates the patients need for the medical equipment. The following verbiage can be used to meet the documentation requirement.

Commode

- Beneficiary requires a commode secondary to mobility limitations which restrict access to the toilet in a reasonable amount of time; **AND**
- The beneficiary is confined to a single room; **OR**
- The beneficiary is confined to one level of the home environment and there is no toilet on that level; **OR**
- The beneficiary is confined to the home and there are no toilet facilities in the home.

Hospital Bed

- Beneficiary's medical condition which requires frequent changes in body position and/or has an immediate need for a change in body position in ways not feasible with an ordinary bed in order to alleviate pain; **OR**
- Beneficiary requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration.

Patient Lift

- Beneficiary requires a patient lift to transfer between bed and a chair, wheelchair, or commode and, without the use of a lift, the beneficiary would be bed confined.

Walker/ Rollator

- 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; **AND**
- Beneficiary is unable to safely use a fitted cane. Patient's functional mobility deficit can be sufficiently resolved with the use of a walker.

Standard wheelchair

- 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; **AND**
- The mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker; **AND**
- Use of a manual wheelchair will significantly improve the beneficiary's ability to participate in MRADLs and the beneficiary will use it on a regular basis in the home; **AND**
- Beneficiary has not expressed an unwillingness to use the manual wheelchair that is provided in the home; **AND**
- Beneficiary has sufficient upper extremity function and other physical and mental capabilities needed to safely self-propel the manual wheelchair that is provided in the home during a typical day.

Standard Hemi-Wheelchair – ADD if patient is 5'6 or shorter

- Beneficiary requires a lower seat height (17" to 18") because of short stature **OR** to enable the beneficiary to place his or her feet on the ground for propulsion.

Lightweight Wheelchair – ADD for patients who require

- Beneficiary cannot self-propel in a standard wheelchair in the home; **AND**
- Can and does self-propel in a lightweight wheelchair.

Heavy Duty Wheelchair

- Beneficiary weight over 250 lbs.

Extra Heavy-Duty Wheelchair

- Beneficiary weight over 300 lbs.

Power Wheelchair

- Beneficiary was evaluated for a Power Mobility Device. This is needed due to a mobility limitation that significantly impairs the patient's ability to complete activities-of-daily living related to ambulation such as cooking/cleaning/bathing/etc. in a reasonable amount of time; **AND**
- The mobility limitation cannot be sufficiently resolved by a cane or walker; **AND**
- The patient 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 due to UE and LE generalized muscle weakness UE ?/5 LE ?/5; **AND**
- The beneficiary is unable to safely transfer to and from a scooter or even operate the tiller steering system, and maintain postural stability and position while operating the PMD in the home. The patient will greatly benefit from a Power wheelchair; **AND**
- The beneficiary's mental capabilities and physical capabilities are sufficient for safe mobility using a PMD in the home; **AND**
- The beneficiary's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the PMD that is provided; **AND**
- The beneficiary's weight is less than or equal to the weight capacity of the PMD that is provided; **AND**
- Use of a PMD will significantly improve the beneficiary's ability to participate in MRADLs and the beneficiary will use it in the home; **AND**
- The patient has expressed a willingness to use the PMD in the home environment.