





# Step #1: Power Mobility Device (PMD) Selection

	Scooter	Power Wheelchair	Power Wheelchair with Tilt Only	Power Wheelchair with Tilt & Recline
				
Preliminary Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Typical Medical Conditions	<ul style="list-style-type: none"> <li>• Lower extremity issues (i.e. hip, knee, or foot problems)</li> <li>• Strong upper extremity to maintain postural stability and perform transfers</li> <li>• No respiratory conditions, heart condition, shoulder pain, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Lower extremity issues (i.e. hip, knee, or foot problems)</li> <li>• Upper extremity issues (i.e. respiratory or heart conditions)</li> </ul>	<ul style="list-style-type: none"> <li>• Muscle weakness</li> <li>• Morbid obesity</li> <li>• Pain related to spondylosis</li> <li>• Urinary incontinence</li> <li>• Presence of serious to severe edema</li> <li>• Respiratory issues requiring immediate position changes</li> </ul>	<ul style="list-style-type: none"> <li>• Neurological conditions (ALS, Quadriplegia, Hemiplegia, Paraplegia, CP, MS, MD, Parkinson's, etc.)</li> <li>• Urinary retention</li> <li>• Increased muscle tone or spasticity</li> <li>• Presence of serious to severe edema</li> <li>• Respiratory issues requiring immediate position changes</li> </ul>
Typical Symptoms	<ul style="list-style-type: none"> <li>• Weak lower extremity</li> <li>• Upper extremity strength allows patient to maintain posture &amp; stability while using device and transfer in and out of the device</li> </ul>	<ul style="list-style-type: none"> <li>• Unable to maintain posture stability <b>OR</b> maintain balance during transfers</li> <li>• Able to perform a weight shift</li> <li>• Poor endurance</li> <li>• Frequent falls</li> </ul>	<ul style="list-style-type: none"> <li>• Unable to perform a weight shift <b>AND</b> at risk for pressure ulcers</li> <li>• Unable to transfer independently</li> </ul>	<ul style="list-style-type: none"> <li>• Unable to perform weight shift <b>AND</b> at risk for pressure ulcers</li> <li>• Intermittent catheters used to manage incontinence <b>AND</b> unable to transfer from wheelchair to bed</li> <li>• Increased muscle tone or spasticity</li> <li>• Ventilator mounted to wheelchair</li> </ul>
Considerations	<ul style="list-style-type: none"> <li>• Long wheelbase makes in-home maneuvers difficult</li> <li>• Pressure prevention and positioning cushions not available</li> </ul>	<ul style="list-style-type: none"> <li>• Pressure prevention and positioning cushions available when applicable</li> <li>• Devices pivot for increased maneuverability</li> </ul>	<ul style="list-style-type: none"> <li>• Tilt allows for greater pressure relief</li> <li>• Tilt improves body positioning</li> <li>• Tilt assists with the transfer process</li> <li>• Tilt facilitates good caregiver support</li> <li>• <b>Maximum patient weight 285 lbs</b></li> </ul>	<ul style="list-style-type: none"> <li>• Tilt &amp; Recline provides optimal pressure relief</li> <li>• Tilt &amp; Recline expands body positioning options</li> <li>• Tilt &amp; Recline allows for efficient catheter changes</li> <li>• Tilt &amp; Recline enhances the transfer process</li> <li>• Tilt &amp; Recline facilitates caregiver support</li> <li>• Positioning cushions and accessories available</li> </ul>
Common Criteria	It is assumed that manual mobility devices (i.e. canes, walkers, and manual wheelchairs) will be ruled out through the evaluation process and that the patient is willing and capable of operating a power mobility device independently or with a caregiver to assist with feeding, toileting, bathing, and grooming in the home.			

**Note:** Practitioner service(s) required to establish and document the need for a power mobility device can be billed under HCPCS Code **G0372**.