

This checklist is provided as a guide to facilitate face-to-face patient mobility evaluation to meet criteria set by CMS for Medicare beneficiaries. All criteria must be met for Medicare coverage of mobility equipment. Equipment for exclusive use outside the home is not covered by most insurers, including Medicare.

**Bill procedure code G0372 to Medicare for preparation and mailing of mobility evaluation records.**  
For people discharged from a hospital or nursing home, records of mobility evaluation by MD/PT/OT done in the facility can be used if the records meet CMS requirements and are signed by physician.

## MD/PT/OT INFORMATION BELOW MUST BE IN PATIENT NOTES. NOTES MUST BE SIGNED BY PHYSICIAN.

<input checked="" type="checkbox"/> MD/PT/OT is seeing patient for ..... <i>(in patient notes)</i> <span style="color: red;">(if not for a mobility evaluation, visit does not meet Medicare face-to-face criteria)</span>
<input checked="" type="checkbox"/> Patient has the following mobility limitation/s that interfere with patient's performance of Mobility Related Activities of Daily Living (MRADLs) in the patient's home (eating, dressing, bathing, grooming and use of toilet) ..... <i>(in patient notes)</i>
<input checked="" type="checkbox"/> These mobility limitations interfere with performance of MRADLs in the patient's home because ..... <i>(in patient notes)</i>
<input checked="" type="checkbox"/> Cane, crutches or walker cannot meet the patient's mobility needs in the home because ..... <i>(in patient notes)</i>
<b>MANUAL WHEELCHAIR</b>
<input checked="" type="checkbox"/> Patient is able to safely use a manual wheelchair because ..... <i>(in patient notes)</i>
<input checked="" type="checkbox"/> The functional mobility deficit that can be sufficiently resolved by use of a manual wheelchair is described as ..... <i>(in patient notes)</i>
<b>POWER WHEELCHAIR OR SCOOTER</b>
<input checked="" type="checkbox"/> A manual wheelchair cannot meet patient's mobility needs in the home because ..... <i>(in patient notes)</i>
<input checked="" type="checkbox"/> Patient has physical and mental abilities to safely operate a power wheelchair or scooter in the home because ..... <i>(in patient notes)</i>
<input checked="" type="checkbox"/> Patient is willing and motivated to use a power wheelchair or scooter as determined by ..... <i>(in patient notes)</i>
<b>POWER WHEELCHAIR</b>
<input checked="" type="checkbox"/> Patient cannot use a scooter to meet mobility needs in the home because ..... <i>(in patient notes)</i> <i>(lack of trunk stability, inability to safely operate controls, inability to transfer in/out of the scooter, home will not accommodate scooter, are examples)</i>
<b>OTHER ELEMENTS OR DETAILS</b> - The following elements or other details may be included, but <i>not all are required in all cases</i> . Elements addressed will depend on the diagnoses responsible for the mobility deficits, e.g., if for COPD, heart failure or arthritis, the major emphasis will be on symptoms and history of the progression of the condition rather than on the physical examination.
<input checked="" type="checkbox"/> <b>DIAGNOSES AND SYMPTOMS RELATED TO THE NEED FOR MOBILITY EQUIPMENT</b> - <span style="color: red;">(always required)</span>
<input checked="" type="checkbox"/> <b>HISTORY</b> - <i>(in patient notes)</i> How long condition has been present. Clinical progression of condition. Interventions (including medications) that have been tried and the results. Past use of canes, crutches, walker, manual wheelchair, scooter or power wheelchair and the results.
<input checked="" type="checkbox"/> <b>PHYSICAL EXAM</b> - <i>(in patient notes)</i> Weight - <span style="color: red;">(always required)</span> Impairment of strength, range of motion, sensation, coordination of arms and legs. Presence of abnormal tone or deformity of arms, legs or trunk. Neck, trunk and pelvic posture and flexibility. Sitting and standing balance.
<input checked="" type="checkbox"/> <b>FUNCTIONAL ASSESSMENT: STATE ANY PROBLEMS WITH</b> - <i>(in patient notes)</i> Transferring between a bed, chair, and manual wheelchair or power mobility device. Walking around their home to bathroom, kitchen, and living room. Distance patient is able to walk without stopping; speed and balance. Need to use a cane, crutches, walker, or assistance of another person. Pain, pain scale; skin integrity; at risk issues.