

Mobility Assistive Equipment (MAE) – WHEELCHAIR/SCOOTER/STROLLER

DME Medical Review Form

- A. To be completed by a Health Professional (MD, PT, etc), not Vendor.**
B. When completed, Health Professional faxes to Vendor, who submits to HealthPartners.

Quality and Utilization Improvement Dept.		Telephone # (952) 883-5741
DME - Medical Policy		Fax # (952) 853-8714
Device Requested – CHECK ONE - ___ Manual Wheelchair ___ Electric Wheelchair ___ Scooter ___ Stroller		
Member Name:	Date of Birth:	Member #:
Completed by:	Phone #:	Fax #:
Vendor Name (if known) _____		Phone _____
MD ordering (Print Name) : _____		Date Completed: _____

Prior Approval Requirements:

- **Manual Wheelchair** – Face to face examination with physicians is **not** required
 - **Electric Wheelchair, Scooter / POV** – Face to face physician examination **is required** within 45 days of ordering any of these devices.
- Mobility-related activities of daily living (MRADL's) eating (including assisted living facilities), dressing, grooming, toileting and bathing performed in customary locations in the patient's home.

Current Symptoms, Related Diagnoses, and History

Describe the reason for the MAE:

Height	Weight	Neck, Trunk and Pelvic Posture and Flexibility:			
		___ Good ___ Limited ___ Severely Limited			
Where does your patient live?					
___ Home/apartment ___ SNF/TCU ___ Assisted Living ___ Other _____					
1. Respiratory labored at times?	Yes	No	4. Poor endurance and/or weakness?	Yes	No
2. Current pressure sores?	Yes	No	5. Significant edema??	Yes	No
3. Poor balance and or history or risk of falls?	Yes	No	6. Obesity?	Yes	No
7. Holds on to furniture / walls for mobility?				Yes	No
8. Can the mobility limitation be sufficiently resolved by the prescription of a cane or walker?				Yes	No
9. Mobility limitations significantly impair ability to participate in MRADLs in the home ?				Yes	No
10. Will MAE compensate their limitations to participate in MRADLs in the home ?				Yes	No
11. Is patient or caregiver capable & willing to operate / maneuver MAE, POV / scooter or power wheelchair safely and participate in MRADLs in the home ?				Yes	No
12. Does patient have sufficient upper extremity function to safely propel a manual wheelchair to participate in MRADLs in the home ?				Yes	No
13. Does your patient need the additional features (i.e. optimal maneuverability, upgradeable / adaptable seating, etc.) of a power wheelchair to participate in MRADLs in the home ?				Yes	No

The information is a true and accurate representation of my patient's current condition. I hereby incorporate this document into my patient's medical record. This document is supported by additional medical records in my patient's file.

Physician or Treating Practitioner Signature: _____ **Date:** _____