POWER ASSIST SYSTEM (E0986)
Sample Letter of Medical Necessity

F35: Front Power Assist

R90: Rear PowerAssist

M90: Main Wheel Power Assist

Patient: [Name]
DOB: [MM/DD/YYYY]
Diagnosis: [Primary] | [Secondary]

Height and Weight:

Medical Necessity Summary

[Patient Name] has [diagnosis] resulting in a mobility limitation that significantly impairs their ability to perform MRADLs (e.g., toileting, dressing, bathing, feeding, grooming) within the home.

Relevant secondary conditions include [e.g., shoulder pain, rotator cuff injury, cardiopulmonary limitations, diabetes], which further limit functional mobility.

Current Equipment

[Patient Name] currently uses a [ultra-lightweight manual wheelchair] that is [age and condition of equipment]. [Patient Name] has been self-propelling a manual wheelchair for [# of years]. This equipment alone is no longer meeting their mobility needs due to [e.g., upper extremity, weakness, pain, endurance limitations].

Functional & Physical Limitations

- **Upper extremity deficits:** [strength / ROM]

- **Postural deficits:** [postural asymmetries/loss of upright positioning during propulsion]
- **Propulsion limits:** unable to propel functional distances or maintain speed for timely task completion
- **Environmental barriers:** [ramps, carpet, thresholds, uneven terrain]
- **Pain:** [location, severity] impacting propulsion
- **Endurance:** [fatigues with repeated propulsion, limiting full-day function / decreased activity tolerance]
- **Motor Control:** [dyskinesia/coordination deficits]
- **Ambulatory status:** [non-ambulatory, non-functional (describe)]
- **Transfer method:** [type of transfer/level of assistance (describe any difficulties related to UE use)]
- **Objective Measures (if applicable):** [WUSPI, RPE, WPT with and without power assist, WHOM, 24-hour pain cycle]

These deficits limit the patient's ability to effectively and safely self-propel a manual wheelchair and complete MRADLs.

Impact on Daily Function

Due to the above limitations, the patient: (*Provide details on how the patient's daily life is affected*)

- Cannot complete MRADLs [safely, independently or in a reasonable timeframe]: [e.g., UE weakness results in inability to push their wheelchair from room to room, up ramps, or over thresholds without assistance; shoulder pain resulting from repetitive manual wheelchair propulsion limits ability to self-propel throughout an entire day and results in impaired transfers and reaching tasks; poor endurance results in shortness of breath/fatigue preventing completion of mobility tasks; impaired motor control results in inefficient propulsion and inability to complete tasks in a timely manner; has difficulty carrying items during mobility tasks due to B UE use during propulsion]

Device Justification

A **power-assist system (E0986),** which temporarily transforms a manual wheelchair into a powered mobility device to assist with propulsion, is required to: (*Describe specific needs of the Rider and how power assist will meet functional goals*)

- Reduce the number of push strokes and work of pushing which:
    - Reduces upper extremity strain and pain to: [e.g., allow independent propulsion for MRADLs, maintain independent transfers, maintain independence with reaching tasks for MRADLs]
    - Improves propulsion efficiency and endurance to [e.g., traverse distances required to perform MRADLs throughout an entire day (*provide details on Rider's specific daily mobility needs*)]

    - Enables timely and safe completion of MRADLs within the home

Why Alternatives Are Not Appropriate

An optimally configured ultra lightweight manual wheelchair alone is insufficient due to:

- [upper extremity weakness/pain/endurance limitations]

A scooter or power wheelchair is not appropriate because:

- Home environment constraints
- Transportation limitations
- Other: [specify]

Therefore, a **power-assist system** is the most appropriate mobility solution.

Equipment Trials

The patient has trialed a [e.g., Empulse F35, R90, M90 power assist system] and:

- Demonstrates the physical and cognitive ability to safely operate the device
- Shows improved efficiency and independence performing MRADLs with use of the device

Risk Without Equipment

Without power assist, the patient is at risk for:

- Progressive upper extremity injury and pain/Increased risk of repetitive strain injury (RSI)
- Loss of independence
- Increased caregiver burden
- Potential need for more costly interventions (e.g., full power wheelchair, medication, surgery, nursing care)

Recommendation

Based on the patient's medical condition, functional limitations, and failed conservative mobility options, a [e.g., Empulse F35, R90, M90] **power assist system (E0986)** is medically necessary to meet the patient's mobility goals as described above.

Clinician Information

- Clinician Name & Credentials
- Signature:
- Date:

Physician Signature _____

References

1. Centers for Medicare & Medicaid Services. (2025, October 1). Power mobility devices (L33789) [Local Coverage Determination]. Medicare Coverage Database. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33789&ContrID=140
2. Walling, E. (2025, January). Obtaining funding for wheelchair power-assist devices. Sunrise Medical. https://www.sunrisemedical.com/education-in-motion/blog/january-2025/obtaining-funding-wheelchair-power-assist-devices

Sunrise Medical (US) LLC,
MK-130553 Rev. A ©7.2026

800.333.4000
www.SunriseMedical.com/EIM