

Physician Resource Guide



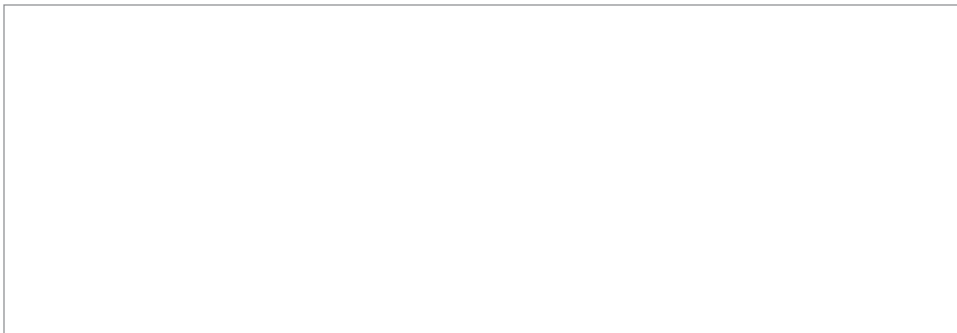
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This information is only intended to be a general summary of the PMD coverage requirements and is not coverage or reimbursement advice. It is your sole responsibility to determine and document medical necessity, to apply Medicare's coverage criteria for MAEs (including PMDs), and to submit the appropriate physician order for specific items and services. Pride Mobility Products cannot guarantee coverage or reimbursement based on the information in this Guide. In all cases, you will need to follow local payer policies and all Medicare statutes and regulations for billing and reimbursement and should verify coverage policies prior to submitting any claims.

For more information on Medicare's Clinical Criteria for MAE Coverage, in general, or PMD Coverage Criteria in particular, please refer to the *Medicare's Mobility Assistive Equipment Web Page* at www.cms.hhs.gov/CoverageGenInfo/06_wheelchair.asp.



This brochure was updated on 01/10. Please visit the above web site for more information.

Medicare's Coverage Criteria and Documentation Requirements for Power Mobility Devices (PMDs)



Prepared by: **Pride**[®]
Mobility Products Corp.
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Overview of Coverage Criteria and Documentation Requirements for Power Mobility Devices (Power Wheelchairs and Scooters)

If you are considering prescribing a Power Mobility Device, the following information may assist you in understanding Medicare's coverage criteria and documentation requirements for Power Mobility Devices (PMDs).

Since eliminating CMNs for Power Mobility Devices (PMDs) in 2005, Medicare now requires the following steps be taken to determine coverage for Power Mobility Devices (PMDs).

Steps to a PMD

- 1. Conduct a face-to-face examination of your patient regarding the mobility limitation prior to writing the order for the PMD.** The physician or treating practitioner must conduct a face-to-face examination of the patient prior to prescribing a PMD. During this examination the patient's mobility limitations must be documented in your chart notes (progress notes). List the patient's mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs) in the home. A mobility limitation is one that prevents the patient from accomplishing their MRADLs (e.g., toileting, feeding, grooming, bathing, etc.) entirely or within a reasonable time frame or places them at reasonable determined heightened risk of morbidity or mortality secondary to the attempts to participate in MRADLs.
- 2. Consider all least costly alternatives (cane, walker, manual wheelchair) prior to ordering a PMD.** All least costly alternatives must be considered and ruled out before Medicare will authorize payment for a PMD. Options to document this requirement are, a) the ordering physician may do this during the face to face examination or, b) the ordering physician may refer the patient to a Licensed Certified Medical Professional (LCMP) such as a PT/OT to provide this information. If you document this information please remember to provide quantitative measurements when applicable (i.e. muscle strength grading, SAT). Document all of this information in your chart notes (dated the day of the examination). If you choose to have a LCMP document a portion of this information you must review the completed LCMP evaluation and if you agree you must sign, date and state concurrence with the findings (on the evaluation itself).
- 3. Power Operated Vehicle (POV)/Scooter** – If the patient cannot safely and in a reasonable time frame use a cane, walker or manual wheelchair to perform their mobility related activities of daily living in their home then they may qualify for a PMD. Medicare considers a POV/Scooter to be a least costly alternative when considering PMDs. Before you order a Power Wheelchair, a POV/Scooter must be ruled out by you or the LCMP through the face to face examination process.
- 4. Power Wheelchair** – May be covered if all basic coverage criteria are met (least costly alternatives considered and ruled out).

IMPORTANT: Physicians must document the face to face examination report in a detailed narrative note in their charts in the format used for all other entries. The note must clearly indicate the major reason for the visit was a mobility evaluation. Many suppliers have created forms, which they send to physicians asking them to complete. Even if this form is completed and placed in your chart, Medicare will not accept this form as a substitute for the comprehensive medical records as indicated above.

- 5. Write the Order for the PMD** – This order must be written and received by the DME supplier within 45 days following the face-to-face examination date. The face-to-face examination date is:
 - a.) the actual date you saw the patient for the face to face if there is no LCMP evaluation or
 - b.) the date you sign and date the LCMP evaluation whichever is later.

The date of the face-to-face examination (determined above) must be included on the PMD order. This date must correspond to either the actual date of the face to face examination or the date the LCMP evaluation was cosigned by the ordering physician. Note: If you are going to refer the patient to an LCMP do not write the PMD order until you have signed and dated the LCMP evaluation.

All Power Mobility Devices require a written order **prior to delivery**. The equipment supplier is required by Medicare to have the **written prescription, plus proof you have considered all applicable coverage criteria**, prior to delivering the Power Mobility Device. **The written** order must contain all of the following seven elements:

1. Beneficiary's name
 2. Description of item that is ordered. This may be general – e.g. “power wheelchair”- or more specific.
 3. Date of the face-to-face examination (see 5a & 5b)
 4. Pertinent diagnosis/conditions that relate to the need for the PMD (ICD-9)
 5. Length of need
 6. Physician's signature
 7. Date of physician's signature
- 6. Add On Payment for PMD documentation** - As a prescribing physician or treating practitioner of a PMD you are entitled to an add on payment for conducting the face-to-face examination and for preparing and sending the required documentation to the PMD equipment supplier. The new add-on HCPCS code is G0372.
 - 7. Detailed Product Description (DPD)** – The equipment supplier is required to prepare a written document, called a “Detailed Product Description,” that lists the specific base (HCPCS code and manufacturer name/model) and all the options and accessories that will be separately billed.

The physician must sign and date the detailed product description and the supplier must receive it prior to delivery of the PMD.