



**Home Medical Supply has explained the Medicare requirements to obtain a Power Mobility Device. I have been provided with this checklist and understand an order for a PMD will not be placed until I have completed this checklist and Home Medical Supply has received all the necessary documentation. My signature below states that I understand these requirements and I am responsible for obtaining this information for Home Medical Supply.**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

**HMS Representative \_\_\_\_\_ Date \_\_\_\_\_**

**Power Mobility Device Patient Checklist**

1. \_\_\_\_\_ **7-Part Prescription for Power Mobility Device** (Please make sure that the Physician that is ordering the PMD is your primary physician. Must be received within 45 days after physician’s face-to-face exam)
  
2. \_\_\_\_\_ **Face to Face Exam with Prescribing Physician** ( Note: This step is the most important one, please refer in the packet on what your physician needs to discuss with you on your Face to Face Exam. The physician cannot answer these questions on the attached sheet as the provider is not allowed to provide any type of form for the physician to fill out. It is your responsibility to let Home Medical Supply know what date the face to face examination was scheduled for, and to ensure Home Medical Supply has received a copy of the office notes pertaining to the need for a power mobility device. These office notes from your face-to-face physician exam and prior progress notes must be received by our office within 45 days after the face to face exam.)
  
3. \_\_\_\_\_ **PT/OT Evaluation (IF REQUIRED)** (This step is required if you are evaluated for certain types of power chairs. Home Medical Supply will inform you if you will need to complete or skip over step 3.)
  
4. \_\_\_\_\_ **Detailed Product Description** (Once we receive all the documentation above we will type up a detailed product description with information regarding what specific wheelchair or scooter is to be provided and it will need to be signed by the ordering Physician and received by our office with 45 days from the face to face exam)

## **Power Mobility Documentation – What Patients Need to Know**

Our company has been asked to provide you with Mobility Assistive Equipment (such as a Custom Wheelchair, Scooter, etc.). This is an involved process that helps your physician determine what type of Mobility Assistive Equipment you qualify for. Please take the enclosed packet with you to your next physician appointment so your physician can complete a Face-to-Face examination with you, as required by Medicare. Have your physician read over these questions and determine **in his office notes** what type of equipment you would be qualified for. **Please return/fax (Fax # 573-335-0156) a copy of these office notes to us along with any previous office progress notes that show the history of events leading up to the request for a Power Mobility Device.** Please make sure a copy is retained in the physician's records as well. These documents must be received by our office within 45 days for the equipment to be considered for payment by Medicare.

**Please note: The physician cannot answer these questions on the attached sheet as the provider is not allowed to provide any type of form for the physician to fill out.**

Once we have received this completed information back from you or your physician, we will see what type of Mobility Assistive Equipment your physician feels is best for you. If a further PT/OT evaluation is required we will let you know. If not, we will then send a Detailed Product Description to your physician. Once this portion is signed by your physician and received back at our office your equipment can be ordered. It is very important that we get all information back as quickly as possible so the equipment can be ordered. The Detailed Product Description must be received by our office within 45 days from the day the patient had their face to face eval with the physician and the equipment must be delivered within 120 days of the face-to-face examination per Medicare guidelines.

If you have any questions, please feel free to contact us at (573) 335-0153 or toll free at (888)388-0933.

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## **ORDER**

The power mobility device prescription must be received by the supplier within 45 days after completion of the face-to-face examination and must contain the following elements:

1. Patient's name
2. Description of item being ordered. Ex. "power mobility device"
3. Date of the face-to-face examination Ex. "date of face to face exam 09-10-07"
4. Pertinent diagnoses/conditions that relate to the need for the scooter (POV) or power wheelchair.
5. Length of need
6. Physician's signature
7. Date of physician signature

## **Power Mobility Documentation – What Physicians Need to Know**

Per Medicare guidelines, for a power operated vehicle (POV)/scooter or power wheelchair to be covered, the treating physician must conduct and document a face-to-face examination of the patient and provide a detailed written order to the medical equipment supplier. The documentation and written order must be received by the supplier within 45 days of the date of the face-to-face examination.

### **Face to Face Exam with Prescribing Physician (National Coverage Determination)**

An algorithmic process is used to determine the presence of a mobility deficit as well as determine the appropriate MAE necessary to compensate for the mobility deficit. Sequential consideration of the following questions provides clinical guidance for the coverage of equipment of appropriate type and complexity to restore the patient's ability to perform mobility related activities of daily living (MRADLs). MRADL's are identified as bathing, dressing, feeding, grooming and toileting.

1. **Does the patient have a mobility limitation** (prevents the patient from doing the MRADLs entirely or in a reasonable time frame, or places patient at risk of morbidity or mortality secondary to the attempts to perform MRADLs) **causing an inability to safely participate in one or more Mobility-Related Activities of Daily Living in the home?** If yes, the physician must explain what the mobility limitation is and note what MRADLs cannot be reasonably accomplished without this power mobility device.
2. **Are there cognitive or sensory deficits** (awareness/judgment/vision/etc) **that limit the user's ability to safely participate in MRADLs in the home?** Physician must note there are no cognitive or sensory deficits. If there are cognitive or sensory deficits the physician must note what deficit is present and whether or not the deficit can be accommodated/compensated for to allow use of a mobility assistive device to participate in MRADLs. (ex. A family member may be compensatory if consistently available in the user's home and willing and able to safely operate and transfer the beneficiary to and from the wheelchair and to transport the patient using the wheelchair. If the compensation requires the patient's compliance with treatment, for example medications or therapy, substantive non-compliance, whether willing or involuntary, can be grounds for denial of MAE coverage if it results in the beneficiary continuing to have a significant limitation.
3. **Does the user demonstrate the capability and willingness to consistently operate the device safely?** The physician must note whether the patient is capable and willing to use the device.
4. **Can the mobility deficit be sufficiently with the use of a cane or walker?** The physician must note if a cane or a walker would or would not be sufficient and if not, why not.
5. **Does the beneficiary have sufficient upper extremity function to propel a manual wheelchair in the home through the course of the performance of mobility-related activities of daily living during a typical day?** The physician must note that the patient does or does not have the upper extremity function to propel a manual wheelchair and capable of safe use. If the user does not, list if this is due to limitations of strength, endurance, range of motion, coordination, or absence or deformity in one or both upper extremities
6. **Does the beneficiary have sufficient strength and postural stability to operate a power-operated vehicle (POV/scooter)?** (A POV is a 3 or 4-wheeled device with tiller steering and limited seat modification capabilities. The patient must be able to maintain stability and position for adequate operation.) The physician must note if a POV/Scooter is recommended and if they have the physical and mental abilities to safely use scooter. If not recommended note why not. (Ex of why not recommended: The user is unable to maintain stability and position and/or does not have the upper extremity strength to operate the tiller steering.)
7. **Are the additional features provided by a power wheelchair needed to allow the beneficiary to perform one or more MRADLs?** (These devices are typically controlled by a joystick or alternative input device, and can accommodate a variety of seating needs.) The physician must note whether a power wheelchair is what is recommended or not and that he/she feels the patient has the physical and mental abilities to safely use.

## **Supporting Documentation**

The physician must also provide supporting documentation, which will include pertinent parts of the medical record that clearly supports the need for a PMD in the home. Physicians should only provide the information that relates to the need of a PMD.

- **Delineate the history of events leading up to the request for a PMD**
- **Symptoms**
- **Related diagnoses**
- **History**
  - How long the condition has been present
  - Clinical progression
  - Interventions that have been tried and the results
  - Past use of walker, manual wheelchair, POV, or power wheelchair and the results
- **Physical exam**
  - Weight
  - Impairment of strength, range of motion, sensation, or 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
- **Functional assessment** – any problems with performing the following activities including the need to use a cane, walker, or the assistance of another person.
  - Transferring between a bed, chair, and PMD
  - Walking around their home – to bathroom, kitchen, living room, etc. – provide information on distance walked, speed, and balance

## **Role of Physical or Occupational Therapist (If Required)**

**If the patient is referred to a PT/OT to complete part of the face to face examination requirements, then once the physician has received and reviewed the written report of this examination, the physician must see the patient and perform any additional examination that is needed.** The report of the physician's visit should state concurrence or any disagreement with the PT/OT examination. In this situation, **the physician must provide the supplier with a copy of BOTH examinations within 45 days after the face-to-face examination.**

If the physician saw the patient to begin the examination before referring the patient to a PT/OT, then if the physician sees the patient again in person after receiving the report of the PT/OT examination, the 45-day period begins on the date of that second physician visit. However, it is also acceptable for the physician to review the written report of the PT/OT examination, to sign and date that report, and to state concurrence or any disagreement with that examination. In this situation, they physician must send a copy of the note from his/her initial visit to evaluate the patient plus the annotated, signed, and dated copy of the PT/OT examination to the supplier. The 45-day window begins when the physician signs and dated the PT/OT examination.

## **Physician Reimbursement**

CMS has created add-on code **G0372** for which physicians will receive an additional payment of approximately \$21.60 from Medicare for the work necessary to provide this information to the supplier. The face-to-face exam should be coded and billed to Medicare at the appropriate evaluation and management level (i.e. **99213**). In order to receive the additional reimbursement physicians must bill the appropriate evaluation and management code and **G0372** on the same claim form.

# Clinical Criteria for MAE Coverage

