



PMD – Documentation Requirements

This information supercedes the Power Wheelchair and Power Operated Vehicle policies included in the June 2006 Supplier Manual update.

- The article incorporates the **new time frame instructions** previously published in the Power wheelchair and POV LCD's and Policy Articles.
- This article adds some **new documentation requirements** and provides **additional guidance based on claim review experience** by the DME PCSs (Program Safeguard Contractors).
- Refer to the DME MAC (DMERC) and Program Safeguard Contractor websites for the most current medical policy information.

Time Frame Instructions

June 5, 2006 – Date of Service (on or after): The physician's order for a power mobility device and a copy of the face-to-face evaluation of the patient's mobility needs must be received by the supplier within **45 days** following the completion of the face-to-face evaluation. (Exceptions – If the evaluation is performed during a hospital or nursing home stay or if a Licensed/Certified Medical Professional conducts a portion of the face-to-face examination – refer to your supplier manual as specific rules apply). The physician must document the evaluation from the face-to-face examination in a detailed narrative note in their charts in the format that they use for other entries. The note must clearly indicate that a major reason for the visit was a mobility evaluation.

June 5, 2006 – Services performed on or after: The supplier must use a date stamp or equivalent on the order and documentation when it is received.

August 10, 2006 – Claims received (on or after): The patient may be seen by a Licensed/Certified Medical Professional (LCMP), i.e. PT/OT, who can conduct part of the face-to-face examination. If the report of the LCMP evaluation is to be considered part of the face-to-face examination, there must be a signed and dated attestation by the supplier that the LCMP has no financial relationship with the supplier.

August 24, 2006 – Date of Service (on or after): The supplier must prepare a detailed product description that lists the specific base (HCPCS code and manufacturer name/model) and all options and accessories that will be separately billed. The supplier must list their charge and the Medicare fee schedule allowance for each separately billed item. The physician must sign and date this detailed product description and the supplier must receive it prior to delivery of the PWC or POV. A date stamp is required to document receipt date.

August 24, 2006 – Date of Service (on or after): Delivery must be within 120 days of the face-to-face examination. (Exception–Delivery within 6 months following an affirmative ADMC determination.)

EY modifier must be added to the HCPCS code for the PWC and all accessories, or for the POV, if the written order containing all required elements is not received by the supplier within 45 days after the face to face examination OR if the PWC or POV is dispensed before the supplier receives the signed detailed product description.

EY – No physician or other licensed health care provider order for this item or service.

Documentation Requirements

Order

For a PWC or POV to be covered, the supplier must **receive from the treating physician** a written order containing **ALL** of the following elements:

- 1) Beneficiary's name
- 2) Description of item ordered (may be general or specific)
- 3) Date of the face-to-face examination
- 4) Pertinent diagnoses/conditions that relate to the need for the PMD
- 5) Length of need
- 6) Physician's signature
- 7) Date of physician's signature

In order to document that the order was received by the supplier within 45 days after the date of the face-to-face examination, the supplier must use a date stamp or equivalent on the order when it is received. If these requirements are not met, the claim will be denied as non-covered.

The delivery must be within 120 days following the face-to-face examination (DOS 8/24/06).

Detailed Product Description

Once the supplier has finalized the specific power mobility device that will be provided to the beneficiary, the supplier must prepare a written document termed a **detailed product description** that lists the specific base (**HCPCS code and manufacturer name/model**) and all options and accessories that will be separately billed. The supplier must list **their charge and the Medicare fee schedule allowance** for each separately billed item (DOS 8/24/2006). The physician must sign and date this detailed product description and the supplier must **receive it prior to delivery** of the PWC or POV. A **date stamp is required** to document receipt date.

Face-to-Face Examination

For a PWC or POV to be covered, the treating physician must **conduct a face to face** examination **before** writing **the order** and the supplier must receive a written report of this examination within 45 days after completion of the face-to-face examination and prior to delivery of the device.

Exception #1 – If this examination is performed during a hospital or nursing home stay, the supplier must receive a report of the examination within 45 days after discharge.

Exception #2 - If the PWC or POV is a **replacement**, during the items' **useful lifetime**, of an item billed with the **same HCPCS code** that was previously covered by Medicare, a **face-to-face** examination is **not required**.

Physicians shall document the evaluation in a **detailed** narrative note **in their charts** in the **format that they use for other entries**. The note must clearly state that a **major reason for the visit** was a **mobility evaluation**.

Forms are **not** a substitute for the comprehensive medical record.

The **elements** that are addressed will **depend on the diagnoses** that are responsible for the mobility deficit. For patients with COPD, heart failure, or arthritis, the major emphasis will be on symptoms and history of the progression of their condition. (*non-neurologic*)

Physicians shall also provide reports of pertinent laboratory tests, x-rays, and/or other diagnostic tests (e.g., pulmonary function tests, cardiac stress tests, electromyogram etc.) performed in the course of management of the patient.

FUNCTIONAL ASSESSMENT IS IMPORTANT FOR ALL PATIENTS

The report of the face-to-face examination shall provide information relating to the following questions:

- What is the patient's mobility limitation and how does it interfere with the performance of activities of daily living?
- Why can't a cane or walker meet this patient's mobility needs in the home?
- Why can't a manual wheelchair meet this patient's mobility needs in the home?
- If a PWC is provided, why can't a POV (scooter) meet this patient's mobility needs in the home?
- Does this patient have the physical and mental abilities to operate a PWC/POV safely in the home?
- Is the patient willing and motivated to use the PWC or POV?

The report shall provide pertinent information about the following elements, but may include other details. Each element would not have to be addressed in every evaluation.

- Symptoms
- Related diagnoses
- History (How long the condition has been present. Clinical progression. Interventions *including meds* that have been tried and the results. Past use of walker, manual wheelchair, POV, or PWC and the results.)
- Physical exam (Weight. Impairment of strength. ROM. 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.)
- 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 bed, chair, and PMD. Walking around their home – to bathroom, kitchen, living room, etc. – provide information on the distance the patient is able to walk without stopping, speed and balance.)

The physician may refer the patient to a licensed/certified medical professional (LCMP) who has experience and training in mobility evaluations to perform **part** of the face-to-face examination. This person may not be an employee of the supplier or have any financial relationship with the supplier.

Exception – If the supplier is owned by a hospital, and LCMP working in the inpatient or outpatient hospital setting may perform part of the face-to-face examination.

If the report of an LCMP evaluation is to be considered part of the face-to-face examination, there must be a signed and dated attestation by the supplier that the LCMP has no financial relationship with the supplier (claims received on or after 8/10/2006).

Evaluations performed by an LCMP who *has* a financial relationship with the supplier may be submitted to provide additional clinical information, but will *not* be considered part of the face-to-face examination by the physician.

Even if an LCMP performs a major part of the mobility evaluation; **THERE STILL MUST BE A FACE-TO-FACE EXAMINATION BY THE PHYSICIAN.**

If the patient was **referred before being seen by the physician**, 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 shall state concurrence or any disagreement with the LCMP 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 with the physician.

If the **physician saw the patient to begin the examination** before referring the patient to an LCMP, then if the physician sees the patient again in person after receiving the report of the LCMP 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 LCMP examination, to sign and date that report, and to state concurrence or any disagreement with that examination. In this situation, the 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 LCMP examination to the supplier. The 45-day period begins when the physician signs and dates the LCMP examination.

Documentation must be obtained from the treating physician to provide a historical perspective that reflects the patient's condition in the continuum of care, corroborating the information in the face-to-face examination, painting a picture of the patient's condition and progression of disease over time.