

Medicare Physician Resource Guide



Coverage Criteria and Documentation Requirements for Power Mobility Devices



COVERAGE CRITERIA AND DOCUMENTATION REQUIREMENTS FOR POWER MOBILITY DEVICES (POWER WHEELCHAIRS AND SCOOTERS)

National Coverage Determination (NCD) for Power Mobility Devices (PMD)

Medicare has changed the coverage criteria and documentation requirements for Power Mobility Devices for dates of service (date of delivery) on or after May 5, 2005. Power Mobility Devices include power wheelchairs and scooters/power operated vehicles (POVs). If you are considering prescribing a Power Mobility Device please review the following information as it will assist you in understanding how these changes have affected the prescribing and funding process with Medicare.

Medicare has modernized the policy and replaced the “Bed or Chair Confined” requirement and now gives consideration to the beneficiary’s ability to **safely** and in a **reasonable time frame** participate in one or more **Mobility Related Activities of Daily Living** (MRADLs).

MRADLs: Dressing, grooming, toileting, bathing and eating in customary locations within the home (including Assisted Living Facilities).

A face-to-face examination of your patient is **required** prior to prescribing a PMD.

A separate add-on payment (in addition to the office visit) was established to recognize the additional physician work and resources required for submitting pertinent parts of the medical record. The add-on payment amount, billed using code G0372, is \$21.60, adjusted by the geographic area where the services are provided, and is based on the physician fee schedule values for level 1 established patient office visit (CPT 99211).

COVERAGE CRITERIA

The following basic coverage criteria must be met for a power mobility device to be covered.

- The patient has a 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 them from accomplishing their activities of daily living, entirely, at a reasonable determined heightened risk or within a reasonable time frame.
- The patient’s mobility limitation cannot be sufficiently and safely resolved by the use of a cane or walker.
- The patient does not have sufficient upper extremity function to self-propel a manual wheelchair in the home to perform MRADLs. Limitations of strength, endurance, range of motion, coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function.

In order for a POV/Scooter to be covered, the following coverage criteria must be met in addition to the criteria listed above.

- The patient is able to safely transfer to and from a POV/Scooter, operate the tiller steering system, and maintain postural stability and position while operating the POV/ Scooter in the home.
- The patient’s mental capabilities (e.g., cognition, judgment) and physical capabilities (e.g., vision) are sufficient to safely operate a POV/scooter in the home.

- The patient's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the POV/scooter.
- The patient's weight is less than or equal to the weight capacity of the POV/scooter.
- Use of a POV/scooter will significantly improve the patient's ability to participate in MRADLs and the patient will use it in the home.
- The patient has not expressed an unwillingness to use a POV in the home.

A power wheelchair is covered if all of the basic coverage criteria is met and the patient does not meet the above listed criteria for a POV/Scooter. The following must ALSO be met in order for a power wheelchair to be covered.

- The patient has the mental and physical capabilities to safely operate the power wheelchair. If the patient is unable to safely operate the power wheelchair, the patient must have a caregiver who is unable to adequately propel a manual wheelchair, but is available, willing, and able to safely operate the power wheelchair.
- The patient's weight is less than or equal to the weight capacity of the power wheelchair.
- The patient's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the power wheelchair.
- Use of a power wheelchair will significantly improve the patient's ability to participate in MRADLs and the patient will use it in the home. For patients with severe cognitive and/or physical impairments, participation in MRADLs may require the assistance of a caregiver.
- The patient has not expressed an unwillingness to use a power wheelchair in the home.

If the coverage criteria is not supported by the medical record history and cannot be addressed through the face-to-face examination of the patient, you 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 individual 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, an LCMP working in the inpatient or outpatient hospital setting may perform part of the face-to-face examination.)

DOCUMENTATION REQUIREMENTS

Medicare requires the above information be supported by the patient's medical record which must support the prescription for the device ordered. The medical record includes your progress notes, chart notes, hospital records, home health records and/or through a physical/occupational therapist wheelchair evaluation. Once you complete the face-to-face examination with your patient and have determined that a PMD is appropriate, you may write a prescription for a PMD.

IMPORTANT: Physicians 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.

Many suppliers have created forms which they send to physicians to complete. Even if this form is completed and placed in your charts, this is NOT a substitute

PRESCRIPTION REQUIREMENTS

All Power Mobility Devices require a written prescription **prior to delivery**. The equipment supplier is required by Medicare to have the **written prescription, plus proof you have considered the coverage criteria** listed on the previous page in your files, prior to delivering the Power Mobility Device.

The **written prescription** must contain the following:

1. Beneficiary's name
2. Description of item that is ordered. This may be general – e.g. “power wheelchair”- or may be more detailed.
3. Date of the face-to-face examination
4. Pertinent diagnosis/conditions that relate to the need for the Power Mobility Device
5. Length of need
6. Physician's signature
7. Date of physician's signature

Please forward the written prescription, along with supporting documentation, to the equipment supplier as soon as possible to ensure that your patient receives the prescribed equipment in a timely manner. The supplier must receive the written prescription and supporting documentation for the Power Mobility Device within 45 days from the date of the face-to-face examination. *(Exception: In the event you refer your patient to a PT/OT for a wheelchair evaluation, you must obtain a copy of the written evaluation from the therapist and indicate concurrence or disagreement with the assessment. Please co-sign the assessment and submit a copy of the assessment with your written prescription to the PMD supplier within 45 days of the date when you co-signed the therapist evaluation.)*

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 options and accessories that will be separately billed. The supplier must list his/her 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 a power wheelchair or POV. **The supplier must deliver the product within 120 days from the date of the face-to-face examination.**



For additional information regarding Power Mobility Devices please contact the equipment supplier or go to www.pridemobility.com/physicianresourcecenter/

This brochure was updated on 4/13/07. Please visit the above website for more information.