



Power Mobility Device (PMD) Documentation Guidance Module

The National Coverage Determination (NCD) for Mobility Assistive Equipment and the Local Coverage Determination (LCD) for Power Mobility Devices (PMD) are the governing policy (coverage criteria) to be used to determine medical necessity for a PMD. These policies outline a 9-step algorithm to consider when determining the most appropriate mobility device to meet a patient's medical needs.

On August 26, CMS published an Interim Final Rule (IFR) in the Federal Register that established new requirements for power wheelchairs and power operated vehicles. This rule has been rescinded, until April 1, 2006, due to intervening congressional action. However, the NCD and LCD for Power Mobility Devices specify that the treating practitioner must complete a written record of a face-to-face examination of the patient, a detailed written order for the appropriate PMD, and provide any other pertinent medical records that pertain to the 9-step algorithm.

To assist physicians with properly documenting in their patient's medical record the necessary information to support the prescription of a PMD, the following guidelines have been developed for physicians:

- The written record of the face-to-face examination must include details of a physical examination and narrative answers to questions about the beneficiary's functional limitations.
- The questions below must be answered by the treating practitioner as a result of the face-to-face examination of the beneficiary.
- The treating practitioner may refer the patient to a physical/occupational therapist for an additional evaluation to address any unanswered questions. In that event, the supplier must obtain a copy of the PT/OT evaluation that has also been signed and dated by the treating practitioner.

For additional documentation purposes, physicians should provide answers to the following questions in the patient's chart to assure coverage criteria have been met:

1. Does the patient have mobility limitations? If yes, please explain.
2. Does the mobility limitation interfere with the patient's ability to safely perform his/her mobility related activities of daily living such as toileting, feeding, grooming, bathing, and dressing?
3. Can a cane or walker meet this patient's mobility needs in their home? If no, please explain.
4. Would a manual wheelchair meet the patient's mobility needs in the home? If no, please explain.
5. Does this patient have the physical and mental abilities to operate a POV safely in the home?
6. What has changed in the patient's physical or mental condition, home environment, or caregiver situation that now requires power mobility to perform activities of daily living?
7. Does the patient have the physical and mental abilities to safely operate a power wheelchair in their home?

In the event the physician determines a prescription for a PMD is necessary, the following are the required elements for a written prescription of a PMD:

1. Patient's Name
2. Description of item(s) ordered. This may be general – e.g. "power mobility device" – or may be more detailed.
3. Date of the face-to-face exam
4. Patient conditions/diagnosis that related to the need for the power mobility device
5. Length of need
6. Physician's signature
7. Date of physician's signature

The written prescription for the PMD along with the additional information from the face-to-face examination must be provided to the supplier prior to delivery of the PMD.