

## White Paper

### Understanding Medicare Coverage Criteria and Documentation Requirements

*Power Mobility Devices (PMDs) include power wheelchairs and scooters/power operated vehicles (POVs).*

As a physician you are now responsible for meeting the needs of patients who require mobility equipment. Medicare is looking to you to take an active role to ensure that your patients get the right equipment to fit their needs.

Medicare changed the coverage criteria and documentation requirements for Power Mobility Devices (PMDs) for dates of service and/or delivery on or after May 5, 2005. **Power Mobility Devices include power wheelchairs and scooters/power operated vehicles (POV).**

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

#### Key elements include:

- The outdated **“bed or chair confined”** standard has been replaced with a coverage standard based upon a patient's functional abilities.
- Primary reason for providing a power mobility device is to compensate for a patient's mobility limitations within the home environment.
- Medicare no longer requires a patient be seen by a specialist in physiatry, orthopedic surgery, rheumatology or neurology in order to be prescribed a scooter (POV).
- Medicare has eliminated Certificates of Medical Necessity (CMNs).
- A face-to-face examination of your patient is **required** prior to prescribing a PMD.

*You must rule out your patient's ability to use equipment, beginning with a cane and moving up to a power chair.*

The following information will assist you in understanding how these changes have affected the prescription and funding process with Medicare and your new role and responsibilities as a prescribing physician.

Medicare has replaced the “Bed or Chair Confined” requirement with consideration now given 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 include:** Dressing, grooming, toileting, bathing and eating (including Assisted Living Facilities) in customary locations within the home.

Medicare now looks for information on your patient's limitations in performing one or more of these activities, and then ruling out your patient's ability to use equipment, beginning with a cane and moving up to a power chair.

## Face-to-Face Examination

***A face-to-face examination of your patient is required prior to prescribing a power mobility device.*** Your patient's mobility limitations must be discussed during this examination.

*Mobility Assistive Equipment  
(canes, walkers, manual wheel-  
chairs, POVs/scooters and  
power wheelchairs)*

The coverage criteria listed are the method for the examination and should be used to determine the appropriate Mobility Assistive Equipment (cane, walker, manual wheelchair, POV/scooter and power wheelchair). Please reference the Medicare Coverage Criteria section of this white paper for details on the criteria.

The coverage criteria must be documented in the patient's medical record that includes your progress notes, hospital notes, home health records and/or through the face-to-face examination of your patient.



If the coverage criteria can not be supported by the medical record history and can not be addressed through the face-to-

face examination, 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 (ie. PT/OT).

*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.*

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. Please reference the prescription requirements section of this white paper for details on writing the prescription for a PMD. The prescription must be provided to the PMD supplier **within 45 days** of the exam.

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

## **Medicare Coverage Criteria for Power Mobility Devices (PMDs)**

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

*A mobility limitation is one that prevents the patient from accomplishing their activities of daily living.*

- 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 an appropriately fitted cane or walker.
- The patient does not have sufficient upper extremity function to self-propel 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.

## **Medicare Coverage Criteria for Power Mobility Devices (Continued)**

*A power wheelchair is covered if all of the basic coverage criteria is met and the patient does not meet the 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.



Jazzy<sup>®</sup> Select<sup>™</sup> Power Chair shown in the home



Jazzy<sup>®</sup> 600 Power Chair

- 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.

## **Documentation Requirements**

*The patient's medical record must support the prescription for the device ordered.*

Medicare requires a face-to-face examination of your patient before a prescription for a scooter or power wheelchair can be written. The patient's medical record must support the prescription for the device ordered.

Upon completion of the face-to-face examination, if you feel a PMD is necessary, please send your PMD prescription and relevant information from your chart notes and/or from the face-to-face examination to the PMD supplier **within 45 days** of the exam.

Medicare looks at the patient's medical records for information pertaining to the need for the equipment you order. The medical record includes your progress notes, chart notes, hospital records, home health records and/or through a physical/occupational wheelchair evaluation.

**IMPORTANT:** Physicians must document the evaluation from the face-to-face examination in a detailed narrative note in their charts in the format they use for other entries.

*The elements that are addressed will depend on the diagnoses that are responsible for the mobility deficit.*

For example, for patients heart failure or arthritis, the major emphasis will be on symptoms and history of the progression of their conditions rather than one physical examination.

A functional assessment is important for all patients.

Many PMD 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 for information found in your medical records.



## **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 previously listed, in their files prior to delivering the Power Mobility Device.



The written prescription must contain the following:

- Patient's name
- Description of item that is ordered. This may be general – e.g. “power wheelchair” or may be more detailed.
- Date of the face-to-face examination
- Pertinent diagnosis/conditions that relate to the need for the Power Mobility Device
- Length of need
- Physician's signature and date

Forward the prescription, along with supporting documentation, to the equipment supplier as soon as possible to ensure your patient receives the prescription equipment in a timely manner. **The supplier must receive the written prescription and supporting documentation for the power mobility device within 45 days of the face-to-face examination.**

*Useful Life of the PMD – The “useful life” of Durable Medical Equipment (PMD’s are in this category) is considered no less than 5 years beginning with the date of delivery. If you prescribe a PMD, consider the patient’s usage and his/her prognosis for at least the next 5 years. Considerations include the patient’s condition (foreseen changes in his/her medical condition – i.e., a progressive condition such as MS) and the patient’s current weight along with history of weight gain and predicted weight gain (if applicable).*

***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. You must co-sign the assessment and submit a copy of the assessment with your written prescription to the supplier with 45 days of the date when you co-signed the therapist evaluation.*

### **Detailed Product Description**

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 the power wheelchair or POV/Scooter. The supplier must deliver the product within 120 days from the date of the face-to-face examination.

## Choosing the right power mobility device: Difference between a power chair and a scooter

Several factors must be considered when determining the proper mobility solution for your patient, including:

- Patient's functional abilities
- Environment
- Product specifications



Jazzy Select<sup>®</sup>  
Power Chair

Some mid-wheel drive power chairs have a turning radius as small as 18"



### Factor #1: Patient's functional abilities

	Power Chairs	Scoters
Strength	Less strength	More strength
Dexterity	Less dexterity	More dexterity
Postural ability	Less postural ability	More postural ability
Stability	Less stability	More stability
Adapt to patient's condition	Yes	No

### Factor #2: Environment

It is critical to determine if the patient's home environment will support the use of the prescribed mobility device.

	Power Chairs	Scoters
Maneuverability	Yes, mid-wheel turning radius	Less maneuverable
Outside maneuverability	Yes	Yes
Size	More compact	Longer in length

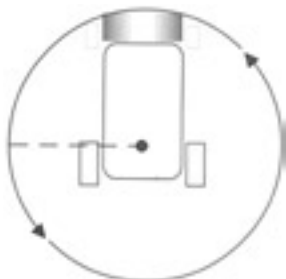
### Factor #3: Product specifications

	Power Chairs	Scoters
Programming	Yes	No
Seat modifications	Yes	Limited
Transportability	Heavier, bulkier pieces	Easy to disassemble lighter pieces



Pride<sup>®</sup> Go-Go  
Elite Traveller<sup>®</sup>

Some scooters have a turning radius as small as 32"



## About Pride...

Pride Mobility Products<sup>®</sup> Corp., the world's leading designer and manufacturer of personal mobility products, offers your patients a comprehensive line of mobility products. Pride's main focus is making the highest quality and most innovative mobility products to enhance the lives of our customers, your patients. By investing heavily in our Research and Development Team and our state-of-the art testing facility, we make certain that our products are precision engineered, cutting edge and technologically advanced for your patients.

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### Pride's divisions include:

- Jazzy<sup>®</sup> Power Chairs
- Pride<sup>®</sup> Scooters
- Pride<sup>®</sup> Lift Chairs
- Go-Go<sup>®</sup> Travel Mobility Products
- Quantum Rehab<sup>®</sup>
- Pride Silver Star<sup>™</sup> Lifts and Ramps

Each division provides the industry with the most innovative features, distinctive styles, and highest quality components, to help your patients achieve more in their daily living.

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For additional information regarding Power Mobility Devices please contact a local PMD supplier or go to [www.pridemobility.com/physicianresourcecenter](http://www.pridemobility.com/physicianresourcecenter) or call 800-800-8586 to speak with a reimbursement specialist.



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