

## 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 (POV). 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 prescription and funding process with Medicare.

**Medicare has modernized the policy and 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:** Dressing, grooming, toileting, bathing and eating (including Assisted Living Facilities) in customary locations within the home

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

As a prescribing physician of a PMD you are entitled to a new add-on payment for conducting the face-to-face examination and for preparing and sending the required documentation to the PMD equipment supplier. The new add-on code is G0372 and will be paid at a rate equal to the physician fee schedule relavalues established for a level I office visit for an est patient (CPT Code 99211)

### Coverage Criteria

**The 9 questions listed below are the method for examination and should be used to determine the appropriate Mobility Assistive Equipment (cane, walker, manual wheelchair, POV/scooter and power wheelchair). This information must be located 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.**

- 1.** Does the beneficiary have a **limitation that significantly impairs his/her ability to participate in one or more MRADLs in the home?** If so, document your patient’s limitation(s) that prevent his/her ability to be **safely mobile** in his/her home.
- 2.** Are there any other conditions that limit the beneficiary’s ability to participate in MRADLs at home (for example, any cognitive impairment)? If the reason your patient is not **safely mobile** in his/her home is due to a cognitive impairment please document the impairment. If the reason is not due to a cognitive impairment proceed to question 4.
- 3.** If these other limitations exist, is there a way to compensate for this limitation? If so, document how the limitation can be compensated for – such as an around the clock caregiver, medication, or therapy. If the limitation (question 2) cannot be compensated

for through any other means, please note this in the patient's file.

**4.** Does the beneficiary or caregiver demonstrate the capability and **willingness to consistently operate** a Power Mobility Device safely?

**5.** Can the functional mobility deficit be resolved with a **cane or walker**? Can your patient safely and within a reasonable time frame use a cane or walker to participate in MRADLs? If not, please document the reason why and the results of cane and walker trials (if applicable)?

**6.** Does the **beneficiary's living environment** support the use of wheelchairs including scooters/power operated vehicles (POVs)? The PMD supplier will perform a home assessment to determine that the beneficiary's living environment is suitable for a PMD. A copy of this home assessment will be kept in the PMD supplier patient's file.

**7.** Can the patient's mobility **limitation be resolved with a manual wheelchair**? Please consider the patient's upper extremity function. Does the patient have the strength, range of motion (ROM) and endurance to **safely propel a manual wheelchair all day, every day (and in a reasonable time frame) to participate in MRADLs**?

**8.** Can the patient's mobility limitation be resolved with a **POV/scooter**? Please consider the following if prescribing a scooter – the patient's trunk stability and upper extremity function (see above) to safely operate the scooter's tiller on a daily basis to participate in MRADLs, the need for safe transfers, positioning and pressure relief, dexterity in his/her hands to operate the scooter controls. Also, the PMD supplier will determine through a home assessment what is the appropriate PMD (i.e. scooter/POV, power wheelchair) for the patient to use in his/her home.

**9.** Does the patient require the additional features provided by a power wheelchair to safely participate in MRADLs within a reasonable time frame in his/her home?

#### **Documentation Requirements**

Medicare requires the above information be supported by the patient's medical record. The medical record includes your progress notes, chart notes, hospital records, home health records and/or through a physical/occupational 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.

If this power wheelchair is being prescribed for regular use this must be noted in the patient's chart.

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

#### **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 9 questions** 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 PMD
5. Length of need
6. Physician's signature
7. Date of physician's signature

**Please forward the detailed written prescription, along with supporting documentation to the 9 questions, 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 (See *following exception*).**

**If all questions are not supported by the medical record history and cannot be addressed through the face-to-face examination of the patient you may prescribe a physical/occupational therapist wheelchair evaluation to address or support the remaining questions.** *(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.)*