

# **Power Mobility Devices**

## **Medicare Order and Documentation Requirements**

**Medicare law now requires that beneficiaries have a face to face examination by their physician in order to determine if a Power Mobility Device, such as a power wheelchair or POV/scooter is reasonable and necessary.**

The treating physician is required to provide a **copy of the records of his/her examination** as well as a **written order** for the device **to the DME supplier**. If other parts of the medical record will support the patient's need for a power mobility device, these may be provided to the DME supplier as well.

**The DME supplier must receive this clinical documentation and your written order within 45 days after the face-to face examination.** In the case of a recently hospitalized beneficiary, the information must be received by the DME supplier within 45 days after the date of discharge.

**You may bill the appropriate E&M code for the face-to-face examination as well as the new G code (G0372) for the work and resources involved in compiling and submitting the required documentation from the medical record.**

### **Written Order**

**The order that the supplier must receive within 45 days after the completion of the face-to-face examination must contain all of the following elements:**

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

If your order does not identify the specific type of power wheelchair that is provided, the supplier must clarify this by obtaining *another* written *detailed* order which lists the specific power wheelchair that is being ordered and any options and accessories that will be separately billed. The items on the *detailed* order may be entered by the supplier. This order must be signed and dated by the treating physician and must be received by the supplier prior to dispensing the power wheelchair.

## Face-to-Face Examination

**Keep in mind the following points when performing and documenting your examination of the patient.**

- Document just those elements that are pertinent to the need for the Power Mobility Device.
- The amount of detail required depends on the nature of your patient's condition.
- Paint a picture of your patient's functional abilities and limitations on a typical day.
- Be as quantitative as possible

**The report of your face-to-face examination should provide information relating to the following questions:**

- **What is this 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?**
- **Does this patient have the physical and mental abilities to transfer into a POV and to operate it safely in the home?**
- **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 power wheelchair safely in the home?**

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

- Symptoms
- History
- Clinical progression
- Weight
- Past use of walker, manual wheelchair, POV, or power wheelchair and the results
- Sitting and standing balance
- Presence of abnormal tone or deformity of arms, legs, or trunk
- Transferring between a bed, chair, and PMD
- Related diagnoses
- How long the condition has been present
- Interventions that have been tried and the results
- Physical exam
- Impairment of strength, range of motion, sensation, or coordination of arms and legs
- Neck, trunk, and pelvic posture and flexibility
- Functional assessment – any problems with performing the following activities including the need to use a cane, walker, or the assistance of another person
- Walking around the home – to bathroom, kitchen, living room, etc. – provide information on distance walked, speed, and balance

You may choose to refer your patient to a physical or occupational therapist to perform *part* of this examination. Once you have received and reviewed the PT/OT's written report you must see the patient (if you did not do so prior to the referral) and perform any additional examination necessary. The report of your visit should state your concurrence or any disagreement with the PT/OT examination. If you saw the patient prior to referral to the PT/OT, you should note agreement, sign, and date the report but are not required to see the patient again. Medicare's coverage of a wheelchair is determined solely by the patient's mobility needs within the home, the examination must clearly distinguish the patient's abilities and needs within the home from any additional needs for use outside the home.