Power Mobility Device Survival Guide

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New CMS Guidelines for Power Mobility Devices

The Centers for Medicare and Medicaid Services (CMS) coverage criteria and documentation requirements for Power Mobility Devices (PMDs) for dates of service and/or delivery on or after June 5, 2005 have been changed effective October 1, 2006.

This handy "Survival Guide" is intended to help you navigate these complex changes and assist you in writing and processing proper prescriptions to ensure claims processing will flow more smoothly. We urge you to refer to the National Coverage Determination (NCD) for specific coverage criteria for Mobility Assistive Equipment (MAE) that includes, but is not limited to, canes, crutches, walkers, manual wheelchairs, scooter/POVs (Power Operated Vehicles) and power wheelchairs.

Key Changes

New PMD billing codes and fees have been updated to include the full range of mobility assistive devices on the market today, including the newest advances in technology, to more closely match mobility assistive equipment with each unique patient's needs.

For a scooter/POV or power wheelchair to be covered, CMS dispensed with the "bed or chair confined" standard and now requires treating Physicians to conduct a face-to-face examination of the patient and provide a written prescription for a PMD. The patient's medical history and functional abilities are now specifically evaluated as they relate to the Mobility Related Activities of Daily Living (MRADLs) of dressing, grooming, toileting, bathing and eating in customary locations in the home or Assisted Living Facility.

Medicare no longer requires that a patient be seen by a specialist in physiatry, orthopedic surgery, rheumatology or neurology in order to obtain a prescription for a scooter/POV.

Certificates of Medical Necessity (CMNs) for Power Mobility Devices (PMDs) and manual wheelchairs are no longer required.

The Physician's New Role

CMS Code changes require Physicians to take a more direct role in evaluating their patients' Power Mobility Devices (PMD) needs. Medicare now looks for very detailed information regarding each patient's mobility limitations and other factors in performing one or more of the Mobility Related Activities of Daily Living (MRADLs) safely—and then progressively rules out the patient's ability to use each level of mobility assistive devices, from a cane or crutch up to power equipment.

Face-to-Face Patient Evaluation

A face-to-face patient examination for the primary purpose of evaluating the patient's functional mobility must be conducted prior to writing a prescription order for a PMD. The report of the face-to-face examination should be limited to pertinent information regarding the patient's mobility status, such as:

- Symptoms and related diagnoses that are responsible for the mobility deficit (e.g., for patients with COPD, heart failure or arthritis, the major emphasis will be on the symptoms and history of the progression, rather than one physical exam)

- Personal information & medical history
  - Weight, height, birth date
  - How long the condition has been present
  - Clinical progression

- Physical examination
  - Impairment of strength, range of motion, sensation, or coordination of arms and legs
  - Presence of abnormal tone or deformity of arms, legs or trunk
  - Neck, trunk and pelvic posture and flexibility
  - Sitting and standing balance

- Functional mobility assessment
  - Any problems performing the MRADLs, including the need to use a cane, walker, or have caregiver assistance.
  - Past falls and safety issues
  - Interventions that have been tried and the results
  - Past use of canes, crutches, walkers, manual wheelchairs, and/or scooter/POVs
  - Transferring between a bed, a chair, and PMD

Evaluate the patient's current use of mobility assistive equipment and why the device is no longer medically appropriate, documenting clinical progression, past interventions and results. The final documentation will also need to include an evaluation of the patient's living environment that supports the use of a PMD and that the patient (or caregiver) is capable of, and willing to, safely operate the PMD to be prescribed. A PMD supplier or practitioner can perform an appropriate home assessment and document the suitability of the patient's living environment.

Ten Key Questions Help Assess the Need for a PMD

Sequential consideration of the following questions will provide clear, clinical guidance as to the most appropriate type of mobility assistive device needed and to be prescribed.

You can 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. For additional information, see the "Role of Physical or Occupational Therapist" below.

Question	Considerations	Documentation	Next Step
1. Does the patient have any mobility limitation(s) that impairs his/her ability to participate in one or more MRADLs of dressing, grooming, toileting, bathing and eating at home?	The patient's medical history and functional abilities as they relate to performing MRADLs in his/her customary locations in the home or Assisted Living Facility.	Describe all limitation(s) that prevent the patient from being safely mobile in the living environment.	**If NO, STOP.** If YES, go to next question below.
2. Do other conditions limit the patient's ability to safely participate in MRADLs at home?	The patient's cognitive or judgment abilities or any vision impairment that may limit his/her ability to safely perform the MRADLs in the living environment.	Describe the other conditions in detail.	**If NO, STOP.** If YES, go to next question below.
Follow-up to question (#2) above: 3. If other conditions exist, can they be improved or compensated for sufficiently so that providing additional mobility equipment can be reasonably expected to materially improve the patient's ability to perform MRADLs in the home?	Patient's compliance (even partial) with treatment—otherwise coverage may be denied if it results in no improvement of patient's limitation(s). Perhaps an around-the-clock caregiver, medication, therapy, etc. would also be beneficial.	Document how the condition(s) can be otherwise improved or compensated for. If none exist, note the specifics in the record.	**If NO, STOP.** If YES, go to next question below.
4. Does the patient or caregiver exhibit the capability and willingness to safely and consistently operate mobility assistive device(s)?	Include consideration of personal risk to the patient and/or others, including any history of unsafe behavior(s).	Document willingness, capabilities, and safety specifics.	**If NO, STOP.** If YES, go to next question below.
5. Can the patient's functional mobility deficit be adequately resolved with an appropriately fitted cane or walker to safely participate in MRADLs?	The cane or walker should be appropriately configured to the patient for the test. Consider such factors as the patient's strength, range of motion (ROM), sensation, balance, coordination, and physical endurance to safely ambulate every day with a cane or walker and within a reasonable time frame to participate in MRADLs?	Document specifics and the results of the cane and walker trials.	**If YES, STOP.** If NO, go to next question below.
6. Does the patient's normal living environment support the safe use of wheelchairs and scooters/POVs?	Adequate access and maneuvering space, physical layout, appropriateness of surfaces, existence of obstacles, thresholds (20mm H – 60mm H), and grade or ramp inclines (6° – 9°) that may render non-power mobility assistive equipment other than power to be unusable or unsafe.	A PMD supplier or practitioner can perform an appropriate home assessment and document the suitability of the patient's living environment.	**If NO, STOP.** If YES, go to next question below.

Question	Considerations	Documentation	Next Step
7. Can the patient's mobility limitation to participate in MRADLs be resolved with a properly configured manual wheelchair?	Use a properly configured manual wheelchair for this evaluation. Document the patient's upper extremity strength, range of motion (ROM), coordination, physical endurance, posture, and/or presence of any upper extremity or trunk deformity that would hinder the patient's ability to daily propel a manual wheelchair safely and within a reasonable time frame to participate in MRADLs?	A PMD supplier or practitioner can perform an appropriate home assessment and document the suitability of the patient's living environment for a manual wheelchair.	**If YES, STOP.** If NO, go to next question below.
8. Can the patient's mobility limitation to participate in MRADLs be resolved with a 3- or 4-wheeled power scooter/ POV with tiller?	Evaluate the patient's upper extremity strength, hand dexterity/ function, and posture/trunk stability and flexibility to daily operate the scooter's tiller to participate in MRADLs. Also consider the need for safe transfers, positioning and pressure relief.	A PMD supplier or practitioner can perform an appropriate home assessment and document the suitability of the patient's living environment for a scooter/POV. If the patient's mobility limitation to participate in MRADLs cannot be resolved with a scooter/POV, document the reason(s) why and the results of the scooter/POV trial.	**If YES, STOP and prescribe the most appropriate Scooter/POV.** If NO, go to next question below.
9. Does the patient require additional features that are provided by a power wheelchair to allow the patient to perform MRADLs?	Power wheelchairs are typically controlled by a joystick or alternative input device, have a variety of seat and backrest options, oxygen tank, cane and walker holders, transport a ventilator, and/or accommodate a wide variety of physical seating and transfer needs. Evaluate the patient's hand dexterity/function to daily operate the wheelchair's joystick to participate in MRADLs. Also consider the need for transporting other mobility aids and equipment, safe transfers, physical positioning and pressure relief.	A PMD supplier or practitioner can perform an appropriate home assessment and document the suitability of the patient's living environment for a power wheelchair.	**If YES, also consider the next question below and prescribe the most appropriate power wheelchair.**
10. Does the patient require a longer or shorter distance range (5-16 miles) or a specific speed (3-6 mph) to safely participate in MRADLs?	Consider how ambulatory the patient is and whether or not the patent is employed outside the home.	A PMD supplier or practitioner can perform this home assessment and document this need.	**If YES, prescribe the most appropriate power wheelchair.**

All answers to questions must be supported by the pertinent medical history and face-to-face examination of the patient.

Use of LCMP to Perform Part of the Face-to-Face Evaluation

The Physician can refer the patient to a Licensed/Certified Medical Professional (LCMP), such as a Physical Therapist or Occupational Therapist to perform part of the face-to-face examination. Note that the LCMP may not be an employee of, or have any financial relationship with, the PMD supplier, except if the supplier is owned by a hospital, in which event a hospital LCMP may perform the face-to-face examination.

If the patient is referred to the LCMP before being seen by the Physician:
The Physician must also see the patient following the receipt and review of the LCMP's report and perform any follow-up examination that is needed. Further, the Physician's report should state concurrence or any disagreement with the LCMP examination and/or report. The Physician must provide the PMD supplier with a copy of both exam reports within 45 days after the Physician's face-to-face examination.

If the Physician initiates the examination before referring the patient to an LCMP:
The Physician must see the patient again after receiving the report of the LCMP examination, and the 45-day period begins on the date of the second Physician visit. It is also acceptable for the Physician to review the written report of the LCMP, note concurrence or any disagreement with it, and sign and date the report. In this instance, and the 45-day period to send the reports to the PMD supplier begins with the date the Physician signs the annotated LCMP report.

The PMD Prescription

Following completion of the patient's functional mobility and living environment assessments and documentation, if the Physician feels that a PMD is necessary, he/she should prepare a written PMD prescription. The PMD prescription must contain the following elements:

- Patient/Beneficiary's Name
- Description of the item that is ordered (general or specific)
- Date of completion of the face-to-face
- Pertinent diagnoses/conditions that relate to the need for a PMD
- Length of need
- Physician's signature and date

Supporting Documentation

The prescription should be provided to the PMD supplier within 45 days of the face-to-face exam, together with all relevant information from chart notes and patient examination. Provide only pertinent supporting documentation that includes the portions of charts, medical records, home health records and device evaluation reports that clearly support the need for a PMD in the living environment. Confirm that the documentation includes:

- The history of events leading up to the request for the PMD
- The mobility deficit to be corrected by the PMD
- Documentation that other treatments do not alleviate the need for the PMD
- Documentation that the patient's living environment supports the use of a PMD
- Documentation that the patient or caregiver is capable of safe operation of the PMD

Physician Reimbursement

CMS has created add-on reimbursement codes for the Physician's work and the necessary resources to submit pertinent parts of charts and medical records. Add-on Code G0372 will be adjusted by the geographic area where the services are provided and based on the Physician's fee schedule values for Level 1 established patient office visit (such as CPT 99213), provided it is billed on the same claim form.

Power Equipment Supplier/Vendor Role

The PMD equipment supplier/vendor can provide valuable added services relating to the patient's home assessment and PMD documentation. They can perform an appropriate home assessment and document the suitability of the patient's living environment for a wheelchair or scooter/POV.

The PMD supplier must receive the PMD prescription, together with a copy of the Physician's supporting documentation within 45 days after the completed face-to-face exam (or patient's discharge if this examination is performed during a hospital or nursing home stay). The PMD supplier is also required to have a copy of the written prescription on file, as well as, proof that the Physician has considered the 9 questions above prior to delivering the PMD.

Following receipt of the Physician's PMD Prescription and supporting documentation, the supplier is required to prepare, sign and date a written Detailed Product Description document (also known as the follow-up prescription) that lists the specific base wheelchair and all options and accessories that will be provided and billed, including the HCPCS code, manufacturer name and model, cost, and Medicare fee schedule allowance for each separately billed item. The PMD supplier must send the follow-up prescription to the Physician for his/her approval, signature and date and it is then returned again to the PMD supplier. The follow-up prescription is not subject to the 45-day time requirement; however, the supplier cannot dispense the PMD until it receives the document.

Medicare provides that the PMD supplier/vendor must deliver the product prescribed to the patient no more than 120 days after the date of the Physician's face-to-face examination.

Conclusion

We hope this "Survival Guide" helps you navigate these complex changes and assists you in writing and processing proper prescriptions for faster claims processing. You should refer to the National Coverage Determination (NCD) for specific coverage criteria for Mobility Assistive Equipment (MAE) that includes, but is not limited to, canes, crutches, walkers, manual wheelchairs, scooter/POVs (Power Operated Vehicles) and power wheelchairs.

Merits Health Products USA, is headquartered in Cape Coral, FL and is a leading global manufacturer of high quality wheelchairs and other home and long-term care medical products.

For over 20 years, Merits has made top quality mobility products for other companies under other prominent brand names. Compare our products side-by-side with those you are already buying from higher-priced brand names, and you will find they compare very favorably in quality and features—yet, they are more economical. That means restored profits for you under the new Power Wheelchair and Scooter/POV reimbursement guide-lines.

To obtain more information about Merits Health Products USA, go to www.meritsusa.com or call 800-963-7487, Ext. 254.

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