

Medicare law requires that beneficiaries have a Face-to-Face Examination by their physician in order to determine if a Power Mobility Device is reasonable and necessary. A prescription is also required. The face-to-face record and the prescription must be forwarded to the supplier within 45 days from the completion of the face-to-face. You should also include other medical records supporting the need for the equipment ordered.

IN-PERSON PHYSICIAN-PATIENT ENCOUNTER

Provide a written report of the examination in the standard format you use to chart all other entries and any additional clinical documentation that will help to document the severity of the patient's ambulatory problems. The chart note must clearly state that your patient was in for a mobility evaluation. You should document the mobility deficit as well as how this deficit impacts function and the completion of specific mobility related activities of daily living (MRADLs) in the home. The report should provide a history of the present condition(s), medications and past medical history that includes a physical examination (not simply a patient interview) that is relevant to mobility needs.

THE REPORT OF THE FACE-TO-FACE EXAMINATION SHOULD PROVIDE OBJECTIVE INFORMATION RELATING TO THE FOLLOWING:

What is the patient's mobility limitation (diagnoses) and how does it interfere with the performance of mobility related activities of daily living (MRADL) on a typical day in the home? Medicare defines MRADLs as bathing, dressing, feeding, grooming and/or toileting in customary locations of the home.

- ✓ History and physical examination that include height, weight, and an assessment of the cardiopulmonary, musculoskeletal and neurological systems.
- ✓ Why can't a cane or walker meet this patient's mobility needs in the home? (Cite pace of ambulation, gait, history of falls, observations of difficulty walking)
- ✓ Why can't a manual wheelchair meet this patient's mobility needs in the home?
- ✓ Be as quantitative as possible (Strength Measurements, Range of Motion, Endurance, Level of pain, Oxygen Saturation Level, etc.)
- ✓ Does this patient have the physical and mental abilities to transfer to and from a POV/scooter and to operate it safely in the home?
- ✓ Why can't a POV or 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?

NOTE: Vague descriptions of the mobility limitation (gait instability, poor endurance, pain, difficulty walking, weakness, fatigue, SOB on exertion, deconditioned) are insufficient and do not objectively address the mobility limitation or the patient's mobility deficits.

PHYSICAL OR OCCUPATIONAL THERAPIST MOBILITY EVALUATION

You may write a prescription and refer your patient to a physical or occupational therapist for a mobility evaluation. This evaluation can be considered part of the required face-to-face examination process in addition to your face-to-face mobility examination. You must review this report and indicate agreement in writing on the report and sign and date it, or note your concurrence with the findings in your chart note during your subsequent face-to-face mobility related visit with the patient.

PT/OT EVAL ONLY IF DOCTOR FEELS ITS NEEDED

7-ELEMENT WRITTEN ORDER

After completion of your Face-to-Face Examination or after signing the Therapist Evaluation - whichever is later - you may write an order for the PMD which by Medicare rules must contain all of the following elements (the provider may provide you with a blank 7-element written order template):

1. Beneficiary's name
2. Item that is ordered
3. Date of completion of the face-to-face examination
4. Pertinent diagnoses/conditions that relate to the need for a POV or power wheelchair
5. Length of need
6. Physician's signature (signature may be an electronic signature. It must be legible. Signature stamps are not permissible).
7. Date of physician signature

DETAILED PRODUCT DESCRIPTION

After the supplier receives the 7-element order and face-to-face documentation, they will prepare a detailed product description. You should review it, and if you agree with what is being provided, sign, date and return it to the supplier.

HCPCS Code G0372 may be billed to recognize the additional time and effort required to provide this documentation to the supplier. This code is payable in addition to the reimbursement for your E&M visit code.