Premier Medical's Short Guide to:
Medicare Coverage Criteria & Documentation Requirements
for Power Wheelchairs and Scooters/Power Operated Vehicles

In 2005, Medicare changed the coverage criteria and documentation requirements for Power Mobility Devices (PMDs). PMDs include power wheelchairs and scooters (also known as power operated vehicles, or POVs).

5 Key elements
of the Medicare change are:

1. The outdated "bed or chair confined" standard has been replaced with a coverage standard based upon a *patient's functional abilities*.
2. Primary reason for providing a power mobility device is to *compensate for a patient's mobility limitations* within the home environment.
3. 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).
4. Medicare *has eliminated* Certificates of Medical Necessity (CMNs).
5. A *face-to-face examination of your patient is required* prior to prescribing a PMD.

Coverage Criteria for Power Mobility Devices (PMDs)

*The following **3 basic coverage criteria** must be met for a power mobility device to be covered:*

1. *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 (as defined by Medicare) prevents them from accomplishing their activities of daily living, entirely, at a reasonable determined heightened risk or within a reasonable time frame.
2. The patient's mobility limitation *cannot be sufficiently and safely resolved* by the use of an appropriately fitted cane or walker.
3. 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.

Scooters

In order for a **Power Operated Vehicle/Scooter** to be covered, the following *additional coverage criteria* must be met:

1. 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.
2. 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.

3. The *patient's home provides adequate access* between rooms, maneuvering space, and surfaces for the operation of the POV/scooter.
4. The *patient's weight* is less than or equal to the weight capacity of the POV/scooter.
5. 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.
6. The *patient has not expressed* an unwillingness to use a POV in the home.

Power Wheelchairs

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 (above). The *additional criteria* below must also be met for a power wheelchair to be covered:

1. The patient has the mental and physical capabilities to safely operate the power wheelchair.
2. 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.
3. The patient's weight is less than or equal to the weight capacity of the power wheelchair.
4. The patient's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the power wheelchair.
5. The patient has not expressed an unwillingness to use a power wheelchair in the home.
6. 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.

Documentation Requirements

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

Upon completion of the face-to-face examination, if you feel a Personal Mobility Device (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 full 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.

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

The patient's medical record must support the prescription for the device ordered or Medicare will deny the claim.

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:

1. Patient'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 Power Mobility Device
5. Length of need
6. 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. This is the most common reason for delivery delays! The supplier must receive the written prescription and supporting documentation for the power mobility device *within 45 days of the face-to-face examination*.

Exception: If 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.

Note on 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).

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.