

## Medicare Prescribing Checklist for Power Mobility Devices (PMD)

TO: \_\_\_\_\_ @ \_\_\_\_\_ RE: patient \_\_\_\_\_ DOB \_\_\_\_\_



If you have questions, please call 989-9902 and ask for \_\_\_\_\_.

The following steps, and resulting documentation, **MUST** be completed and sent to our office before Medicare will consider payment for a PMD. **They MUST be performed in the order below and completed within 45 days of the date of the FACE-to-FACE exam is performed.**

**A. Perform a "FACE-to-FACE" medical exam and write a letter of your findings.** Your patient must come for an office visit and the documented reason for the office visit should be for a mobility evaluation. Bear in mind that Medicare pays for the least costly mobility device that satisfies the patient's medical needs (not the needs of caregivers).

Do not document that the PMD will be used outside the home as this will render the equipment not medically necessary.

During the exam, you MUST document the present condition and relevant past medical history including:

- patient height and weight
- signs/symptoms that limit ambulation
- diagnoses responsible for signs/symptoms AND approximate dates of onset (if known)
- what has changed in the patient's condition that now requires a PMD
- medications or other treatment for these signs/symptoms
- progression of ambulation difficulty over time
- distance the patient can walk without stopping and how this affects ability to perform ADLs
- pace of ambulation
- history of falls, including frequency, & circumstances leading to falls
- reason the patient needs a PMD rather than a cane or walker, such as assessment of lower body strength, quantified assessments showing the lack of R.O.M., etc.
- reason for the inability to use a manual wheelchair, such as assessment of upper body strength, quantified assessments showing the lack of R.O.M., etc.
- description of the home setting, including the ability to perform ADLs in the home, as well as the ability to use the PMD in the home

**Please also send relevant progress notes showing progression of the patient's condition supporting use of a PMD.**



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Suggested questions you should explore with your patient AND subsequently document include:

- Does the patient have a mobility limitation that significantly impairs his or her ability to participate in one or more mobility related activities of daily living? i.e. feeding, toileting, bathing, grooming, dressing, etc.
- How will use of a power mobility device significantly improve the patient's ability to participate in activities of daily living in the home?
- Does the patient have significant upper extremity function to self propel an optimally configured manual wheelchair in the home to perform ADLs?
- Does the patient have a physical or mental limitation that prevents safe use of the PMD in the home?
- Does the patient's home provides adequate access for operation of the PMD?
- Does the patient have the ability to stand from a seated position without assistance? If no, does the patient have an assistive device or caregiver to help them?

Issues to explore when deciding which PMD to prescribe:

- Scooters
  - Can the patient safely transfer to and from the scooter?
  - Does the patient have sufficient upper body strength and range of motion to operate the tiller steering system?
  - Can the patient maintaining postural stability and position while operating the scooter in the home?
  - Is there sufficient space in the home to accommodate the turning radius of a scooter? (Scooters have a greater turning radius than power wheelchairs)
- Power wheelchairs
  - Does the patient not meet the above coverage criteria for a scooter?
  - Does the patient have the mental and physical capabilities to safely operate a power wheelchair?
  - How will a power wheelchair significantly improved the patient's ability to participate in ADLs?

**B. After the Face to Face Exam is complete**, write a prescription that **MUST** include these seven (7) elements:

1. patient name, 2. date of the face-to-face examination, 3. diagnoses and conditions that the PMD is expected to modify, 4. description of the PMD ordered (power wheelchair or scooter), 5. length of need, 6. physician or treating practitioner's signature, 7. date the prescription is written.

**NOTE: per Medicare rules, prescriptions without the 7-Elements not valid.**

**C. Fax the Face-to Face exam letter and the 7 Element order to 205-989-9903.** Upon receipt, O'Neal Medical will review such and contact the patient. If the documentation does not meet criteria, we will inform the patient what changes should be made (**this MAY require a new Face-To-Face & 7-Element order**). If subsequent documents still do not meet criteria, we will inform the patient of their options which include privately purchasing a PMD of their choice OR filing a claim with Medicare under the rules of the ADVANCED BENEFICIARY NOTICE.

**D. O'Neal Medical sends you the DETAILED PRODUCT DESCRIPTION** prescription that lists the procedure codes and pricing of the PMD to be delivered. You will need to sign this prescription and send it back to us within 45 days of the date the FACE-TO-FACE was initially performed.