

Medicare's Power Mobility Device (PMD) Requirements

Scooters & Power Wheelchairs

*(Effective Oct. 25, 2005, June 5, 2006, Nov. 15, 2006, April 1, 2008, October 30, 2008
January 3, 2011)*

Patients who need a rehab power wheelchair, Group 2 (Single Pwr Option) and above, are required to be evaluated by a therapist *who specializes in wheelchairs* and the DME supplier is required to have an ATP (wheelchair specialist) employee on staff.

Physician's Responsibilities

1. Complete a Face-to-Face Exam Visit with the patient (Mandatory)
2. Document a face-to-face exam report in the patient's medical record
[→ Go Here →](#)
(Physician Documentation Code G0372)
3. Provide a prescription for a specialty therapist evaluation, who has specific training and experience in Rehab Wheelchair Evaluations
(Tip: For most patients with neurological conditions)
A therapist evaluation is only an "extension of" the physician's F2F exam
4. Review and sign the therapist's evaluation & PMD recommendations.
The physician signature indicates that he/she is in agreement with the therapist's equipment recommendations
5. Provide a prescription (7- element order) for the PMD
All 7 items below must be on the 7-element order.
PROVIDE ONLY AFTER ALL VISITS and EXAMS ARE COMPLETED

1. Patient Name	5. Pertinent diagnoses/condition related
2. Date of Completion F2F Exam(s)	to the need for PMD
3. Length of Need	6. Physician Signature
4. Item Ordered	7. Date of Physician Signature

All documents above must be provided to the DME supplier within 45 days of the date of the physician's signature on the face-to face exam(s)

6. Review & sign a **Detailed Product Description (DPD)** with specific information about the recommended PMD; this will be provided by the DME supplier. **This must be signed prior to delivery**

The PMD must be delivered within 120 days of the date of the physician's signature on the face-to face exam(s)

Updated February 19, 2010. Developed by Seating Solutions, Inc. Cindi Petito, OTR/L, ATP, CAPS

Face-to-Face Exam Report

Mandated by Medicare

This exam must be completed by the physician

- ★ Reason for the patient's visit must be specifically for the PMD Exam
- ★ A therapist evaluation cannot take the place of the physician exam.
- ★ The exam report must be written clearly and legibly.

Physician's Exam report shall include:

1. Symptoms related to the mobility deficit(s)
2. Related diagnoses & history of illnesses
3. Duration of the condition(s) affecting the mobility deficit
4. Interventions tried and the results
5. What are the patient's mobility deficits
6. How does the mobility deficit interfere with MRADL's (Mobility Related Activities of Daily Living) (feeding, grooming, dressing, toileting, transfers, ect.)
7. Why can't a cane or walker meet their mobility needs in their home
8. Why can't a manual w/c meet their mobility needs in their home
9. Are there the physical & mental abilities to safely operate a power mobility device

URGENT NOTES:

- ➔ The PMD must be for *primary* use inside the patient's home
- ➔ Forms provided by a DME company for physicians to fill-out **ARE NOT SUFFICIENT DOCUMENTATION** for Medicare's coverage requirements according to Medicare. This includes forms from The Scooter Store or Hoveround.
- ➔ Physicians must provide the Face-to-Face Exam report in their practice's **USUAL MEDICAL RECORDS FORMAT.**
- ➔ Physicians must be enrolled in Medicare's PECOS system by January 3, 2011.