

TREATING PRACTITIONER'S POWER MOBILITY DEVICE REFERENCE

Medicare law requires beneficiaries to have a face-to-face encounter with their treating practitioner to determine if a power mobility device (PMD) is reasonable and necessary. Power mobility devices also require a Standard Written Order (SWO) prior to delivery.

IN-PERSON PATIENT ENCOUNTER

A face-to-face encounter must be conducted within six months prior to the order date for a power mobility device. The evaluation should be tailored to the individual beneficiary's conditions and should contain as much objective data as possible focusing on the body systems that are responsible for the mobility limitations. The encounter should be documented in a detailed narrative note in the patient's chart in the format used for all other entries. The record must clearly document that the reason for the visit was a mobility encounter.

THE REPORT OF THE FACE-TO-FACE ENCOUNTER SHOULD PROVIDE THE FOLLOWING INFORMATION:

- ✓ History of the present condition(s) and past medical history that is relevant to mobility needs
- ✓ Physical examination that is relevant to mobility needs
- ✓ What is the patient's mobility limitation? What is causing it? How does it interfere with the performance of mobility related activities of daily living (MRADLs) within the home? Medicare defines MRADLs as bathing, dressing, feeding, grooming and toileting in customary locations of the home.
- ✓ Why can't a cane or walker meet this beneficiary's mobility needs in the home?
- ✓ Why can't a manual wheelchair meet this beneficiary's mobility needs in the home?
- ✓ Does the beneficiary have the physical and mental abilities to transfer into a POV and to operate it safely?
- ✓ Why can't a POV (scooter) meet the beneficiary's mobility needs in the home?
- ✓ Does the beneficiary have the physical and mental abilities to operate a power wheelchair safely?

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LICENSED CERTIFIED MEDICAL PROFESSIONAL EXAMINATION

You, as the treating practitioner, may conduct the entire mobility face-to-face encounter or may refer the beneficiary to a licensed certified medical professional (LCMP), such as a physical or occupational therapist, who has experience and training in mobility evaluations to perform part of the face-to-face encounter. This individual must have no financial relationship with the supplier.

If you choose to refer the beneficiary to an LCMP for a mobility evaluation, you must co-sign the evaluation, date your signature and indicate agreement or disagreement and incorporate into your documentation for the power mobility device. The order for the mobility device cannot be written until the LCMP report is signed, dated and agreement/disagreement indicated. Keep in mind that the order must be written after the evaluations are complete and within six months of the face-to-face encounter with the treating/prescribing clinician. If the LCMP evaluation is being considered part of the face-to-face, and the six-month requirement has been exceeded, you must see the patient again for a new face-to-face to start the 6-month clock.

STANDARD WRITTEN ORDER

A standard written order (SWO) must be completed after the face-to-face process is complete and within six months of the prescribing clinician's face-to-face encounter. The SWO for the mobility base must be written in its entirety by the treating clinician and must include the following elements:

- Beneficiary name or MBI
- Order date
- General description of the item (may or may not include accessories)
- Treating practitioner's name or National Provider Identifier (NPI)
- Treating practitioner' signature

The DME supplier may provide you with a blank SWO template. Additional elements such as item detail, diagnosis codes, and length of need may be included but are not required.

After the supplier receives the SWO and face-to-face documentation and other applicable medical records from you, they may prepare a second SWO listing options and accessories that will be provided along with a power wheelchair for your review and signature.

HCPCS code G0372 may be billed in addition to your E&M visit code to recognize the additional time and effort required to provide the power mobility device documentation to the DME supplier.