# CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-08 Medicare Program Integrity	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 157	**Date: AUGUST 25, 2006**
	Change Request 5128

NOTE: Transmittal 156, dated August 18, 2006 is rescinded and replaced with Transmittal 157, dated August 25, 2006. The implementation dated changed from September 18, 2006 to October 16, 2006. All other information remains the same.

SUBJECT: Evidence of Medical Necessity: Wheelchair and Power-Operated Vehicle (POV) Claims (Clarification of CR 3952, Transmittal 128, Dated October 28, 2005)

I. SUMMARY OF CHANGES: This CR is a supplement to CR 3952, Transmittal 128, dated October 28, 2005. When CR 3952 was developed and issued, the final regulation had not been published. Listed below are the updated changes based on the final regulation that differ from CR 3952.

NEW / REVISED MATERIAL
EFFECTIVE DATE: JUNE 5, 2006
IMPLEMENTATION DATE: OCTOBER 16, 2006

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS:
R=REVISED, N=NEW, D=DELETED

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	5/5.9.2 - Evidence of Medical Necessity: Wheelchair and Power Operated Vehicle (POV) Claims

III. FUNDING:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

Manual Instruction
Business Requirements

****Unless otherwise specified, the effective date is the date of service.***

Attachment - Business Requirements

Pub. 100-08	**Transmittal: 157**	**Date: August 25, 2006**	**Change Request 5128**

NOTE: Transmittal 156, dated August 18, 2006 is rescinded and replaced with Transmittal 157, dated August 25, 2006. The implementation dated changed from September 18, 2006 to October 16, 2006. All other information remains the same.

SUBJECT: Evidence of Medical Necessity: Wheelchair and Power-Operated Vehicle (POV) Claims (Clarification of CR 3952, Transmittal 128, Dated October 28, 2005)

I. GENERAL INFORMATION

A. Background: This CR is a supplement to CR 3952, Transmittal 128, dated October 28, 2005. When CR 3952 was developed and issued, the final regulation had not been published. Listed below are the updated changes based on the final regulation that differ from CR 3952.

B. Policy: The final rule was displayed Friday, March 31, 2006. The regulation was published in the Federal Register on April 5, 2006 and will be effective June 5, 2006.

Change Request 3952 stated that the physician or treating practitioner must submit a written prescription for the PMD to the supplier. This written prescription for the PMD must be received by the supplier within 30 days after the face-to-face examination. For those instances of a recently hospitalized beneficiary, the written prescription must be received by the supplier within 30 days after the date of discharge from the hospital.

In the final regulation, this requirement was been changed to 45 days (vs. 30 days).

NOTE: As stated in CR 3952, the CMN for wheelchairs is no longer needed for claims with a date of service on or after May 5, 2005 that are received on or after April 1, 2006.

I. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement Number	**Requirements**	**Responsibility ("X" indicates the columns that apply)**								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other- DME PSCs DME MACs
						FISS	MCS	VMS	CWF	

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other- DME PSCs DME MACs
						F I S S	M C S	V M S	C W F	
5128.1	Upon review, a written prescription for the PMD must be received by the supplier within 45 days after the face-to-face examination				X					X
5128.1.1	For those instances of a recently hospitalized beneficiary, the written prescription must be received by the supplier within 45 days after the date of discharge from the hospital.				X					X
5128.2	Contractors shall not require a CMN for wheelchairs for dates of service on or after May 5, 2005.				X					X
5128.3	REMINDER: As stated in CR 3952, the CMN for wheelchairs (signed or unsigned) is no longer needed for claims with a date of service on or after May 5, 2005 that are received on or after April 1, 2006.				X			X	X	X

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other- DME PSCs DMEMACs
						F I S S	M C S	V M S	C W F	
5128.4	A provider education article related to this instruction will be available at www.cms.hhs.gov/MLNMattersArticles shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.				X					X

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other- DME PSCs DMEMACs
						FISS	MCS	VMS	CWF	
	Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly. .									
5128.5	Contractors shall update all supplier manuals, bulletins, articles, and other educational documents to reflect the new changes contained in this CR.				X					X

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

X-Ref Requirement #	Instructions
	CR 3952, Transmittal 128, dated October 28, 2005

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: June 5, 2006 for new medical policy of 45 days **Implementation Date:** October 16, 2006 **Pre-Implementation Contact(s):** Karen Rinker 410-786-0189; Joanne Spalding 410-786-3352; Camille Soondar, 410-786-9370 **Post-Implementation Contact(s):** Karen Rinker 410-786-0189; Joanne Spalding 410-786-3352; Camille Soondar, 410-786-9370	**No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.**

*__Unless otherwise specified, the effective date is the date of service.__

5.9.2 - Evidence of Medical Necessity: Wheelchair and Power Operated Vehicle (POV) Claims

(Rev. 157, Issued: 08-25-06; Effective: 06-05-06; Implementation: 10-06-06)

For claims with dates of service before May 5, 2005, claims shall be submitted and processed using the fully completed and signed CMNs (CMS-843 for motorized wheelchairs, CMS-844 for manual wheelchairs, CMS-850 for power operated vehicles, and CMS-854, Section C Continuation Form). *In addition, fully completed and signed CMNs were required for claims with DOS on or after May 5, 2005 that were received by the DMERC before October 1, 2005.*

The use of the Certificates of Medical Necessity (CMNs) for motorized wheelchairs, manual wheelchairs and power operated vehicles were phased out for claims with dates of service (DOS) on or after May 5, 2005 that were received by the DMERC from October 1, 2005 through March 31, 2006. A partially-completed CMN was used during the phase out period. For claims with DOS on or after May 5, 2005 that are received by the DMERC on or after April 1, 2006, a CMN is no longer required.

Since MMA §302 allows physicians, physician assistants, nurse practitioners, or clinical nurse specialists to prescribe power mobility devices, it is no longer necessary to require a specialist in physical medicine, orthopedic surgery, neurology or rheumatology to provide a written prescription for POVs.

The physician or treating practitioner (a physician assistant, nurse practitioner or clinical nurse specialist) must conduct a face-to-face examination of the beneficiary and write a written prescription for the power mobility device (PMD).

The face-to-face examination requirement does not apply when only accessories for power mobility devices are being ordered, nor does it apply for the ordering of replacement PMDs. A replacement PMD would be the same device as previously ordered. For instance, if a beneficiary has a POV but would like to replace the POV with a power wheelchair, then a face-to-face examination would need to be conducted.

The written prescription must include the beneficiary's name; the date of the face-to-face examination; the diagnoses and conditions that the PMD is expected to modify; a description of the item; the length of need; the physician or treating practitioner's signature; and the date the prescription is written.

The written prescription for the PMD must be in writing and signed and dated by the physician or treating practitioner (a physician assistant, nurse practitioner or clinical nurse specialist) who performed the face-to-face examination. The face-to-face examination requirement does not apply when only accessories for power mobility devices are being ordered.

The physician or treating practitioner must submit a written prescription for the PMD to the supplier. This written prescription for the PMD must be received by the supplier

within 45 days after the face-to-face examination. For those instances of a recently hospitalized beneficiary, the written prescription must be received by the supplier within 45 days after the date of discharge from the hospital.

Prior to dispensing a PMD, the DME supplier must obtain from the physician or treating practitioner who performed the face-to-face examination the written prescription accompanied by supporting documentation of the beneficiary's need for the PMD in the home. Pertinent parts from the documentation of the beneficiary's PMD evaluation may include the history, physical examination, diagnostic tests, summary of findings, diagnoses, and treatment plans. The physician or treating practitioner should select only those parts of the medical record that clearly demonstrate medically necessity for the PMD. The parts of the medical record selected should be sufficient to delineate the history of events that led to the request for the PMD; identify the mobility deficits to be corrected by the PMD; and document that other treatments do not obviate the need for the PMD, that the beneficiary lives in an environment that supports the use of the PMD and that the beneficiary or caregiver is capable of operating the PMD. In most cases, the information recorded at the face-to-face examination will be sufficient. However, there may be some cases where the physician or treating practitioner has treated a patient for an extended period of time and the information recorded at the face-to-face examination refers to previous notes in the medical record. In this instance, those previous notes would also be needed. The physician, treating practitioner or supplier that is a HIPAA covered entity should make sure to remove or edit any materials that may be contained within the medical record that are not necessary to support the prescription. For example, a gynecologic report would not be needed in the records submitted for a beneficiary whose clinical need for a PMD is based solely on disability secondary to a stroke.

As defined in the PIM, chapter 3, if data analysis indicates potentially aberrant billing, contractors shall continue to follow the guidance as defined when performing medical review on claims with dates of service on or after May 5, 2005.