



Related MLN Matters Article #: MM4121

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Related CR #: 4121

### *MMA - New G Code for Power Mobility Devices (PMDs)*

#### Key Words

MM4121, CR4121, PMDs, G0372, CPT, 99211, Wheelchair, E&M, Prescription, MMA, G0372

#### Provider Types Affected

Physicians, suppliers, and providers billing Medicare carriers for services related to PMDs

#### Key Points

- The effective date of the instruction is October 25, 2005.
- The implementation date is October 25, 2005.
- The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA, Section 302(a)(2)(E)(iv)) details the revised conditions for Medicare payment of Power Mobility Devices (PMDs).
- The payment for motorized or power wheelchairs may not be made unless a face-to-face examination of the beneficiary has been conducted, and a written prescription (order) for the PMD has been provided by a:
  - Physician (as defined in Section 1861(r)(1) of the Social Security Act);
  - Physician assistant;
  - Nurse practitioner; or
  - Clinical nurse specialist (as those terms are defined in Section 1861(aa)(5) of the Social Security Act).
- Payment for the history and physical examination will be made through the appropriate evaluation and management (E&M) code corresponding to the history and physical examination of the patient.
- Due to the MMA requirement that the physician or treating practitioner create a written prescription and a regulatory requirement that the physician or treating practitioner prepare pertinent parts of the medical record for submission to the durable medical equipment supplier, the Centers for Medicare & Medicaid Services (CMS) has established the new G Code (G0372), to recognize additional physician services and resources required to establish and document the need for a PMD.

- Code G0372 indicates that:
  - All of the information necessary to document the PMD prescription is included in the medical record; and
  - The prescription, along with the supporting documentation, has been received by the PMD supplier within 30 days after the face-to-face examination.
- The payment amount for G0372 for 2005 will be \$21.60, adjusted by the geographic area where the service is provided and based on the physician fee schedule values for a level 1 established patient office visit (Current Procedural Terminology code 99211).

### Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4121.pdf>

Affected providers can view full details regarding wheelchair coverage on the CMS page for wheelchairs at [http://www.cms.hhs.gov/CoverageGenInfo/06\\_wheelchair.asp#TopOfPage](http://www.cms.hhs.gov/CoverageGenInfo/06_wheelchair.asp#TopOfPage) on the CMS website.

For complete details on the new G code, affected providers should see the official instruction issued to their carrier regarding this change at <http://www.cms.hhs.gov/Transmittals/downloads/R748CP.pdf> on the CMS website.