

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



REVISED product from the Medicare Learning Network® (MLN):

- **"[Medicare Enrollment and Claim Submission Guidelines](#)", Booklet, ICN 906764, Downloadable and hard copy**

MLN Matters® Number: MM8239 **Revised** Related Change Request (CR) #: CR 8239
Related CR Release Date: November 6, 2013 Effective Date: April 1, 2014
Related CR Transmittal #: R1305OTN Implementation Date: April 7, 2014

Denial for Power Mobility Device (PMD) Claim from a Supplier of Durable Medical, Orthotics, Prosthetics, and Supplies (DMEPOS) When Ordered By a Non-Authorized Provider

Note: This article was revised on September 24, 2015, to change the link to the list of providers authorized to order a PMD on page 5. That link was changed to <https://data.cms.gov> on the CMS website. For a complete list of any other changes to this article, please refer to the Document History Section. All other information remains the same.

Provider Types Affected

This MLN Matters® Article is intended for suppliers of Durable Medical Equipment (DME) who submit claims to DME Medicare Administrative Contractors (DME/MACs) for Power Mobility Devices (PMDs) provided to Medicare beneficiaries.

Provider Action Needed

Change Request (CR) 8239 instructs Medicare contractors and system maintainers to implement edits to deny claims for certain PMDs if the ordering/referring provider is not on Medicare's list of providers eligible to order/refer these PMDs.

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Make sure that your billing staffs are aware of these requirements and you do not order if you are not an authorized provider. Suppliers are required to ascertain that the provider is authorized to order a PMD. A denial of the claim will be issued if the provider is not of an authorized specialty to order a PMD.

Background

Section 302(a)(2) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), added Section 1834(a)(1)(E)(iv) to the Act which provides that payment may not be made for a covered item consisting of a motorized or power wheelchair unless a physician (as defined in section 1861(r)(1) of the Act), or a Physician Assistant (PA), Nurse Practitioner (NP), or Clinical Nurse Specialist (CNS) (as these terms are defined in Section 1861(aa)(5) of the Act) has conducted a face-to-face examination of the beneficiary and written a prescription for the item. This purpose of CR 8239 is to create an edit to deny any DMEPOS claims where the ordering/prescribing provider is not an eligible *provider* (*physician, PA, NP, or CNS*).

The following are the policies/definitions that impact Medicare allowances for PMDs:

1. Social Security Act Section 1834(a)(1)(E)(iv) standards for power wheelchairs;
 - Effective on the date of the enactment of this subparagraph in the case of a covered item consisting of a motorized or power wheelchair for an individual, payment may not be made for such covered item unless a physician (as defined in Section 1861(r)(1)), a PA, NP or CNS (as those terms are defined in Section 1861(aa)(5)) has conducted a face-to-face examination of the individual and written a prescription for the item.
2. Social Security Act Section 1861(r)(1)
 - The term “physician”, when used in connection with the performance of any function or action, means (1) a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which he performs such function or action (including a physician within the meaning of section 1101(a)(7)).
3. Social Security Act Section 1861(aa)(5)
 - The term “physician assistant” and the term “nurse practitioner” mean, for purposes of this title, a PA or NP who performs such services as such individual is legally authorized to perform (in the State in which the individual performs such services) in accordance with State law (or the State regulatory mechanism provided by State law), and who meets such training, education, and experience requirements (or any combination thereof) as the Secretary may prescribe in regulations.

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- The term “clinical nurse specialist” means, for purposes of this title, an individual who is a registered nurse and is licensed to practice nursing in the State in which the CNS services are performed; and holds a master’s degree in a defined clinical area of nursing from an accredited educational institution.
4. Based on 42 CFR Part 410.38(c), the following definitions apply: PMD means a covered item of durable medical equipment that is in a class of wheelchairs that includes a power wheelchair (a four-wheeled motorized vehicle whose steering is operated by an electronic device or a joystick to control direction and turning) or a power-operated vehicle (a three or four-wheeled motorized scooter that is operated by a tiller) that a beneficiary uses in the home.

Key Points of CR8239

The list of specified covered, PMD items: HCPCS Code and Description includes the following:

- K0800-K0808 and K0812: ALL POWER OPERATED VEHICLES
- K0813-K0891, K0898: POWER WHEELCHAIRS , and
- K0013: CUSTOM MOTORIZED/ POWER WHEELCHAIR BASE.

The list of authorized physician specialties and their corresponding CMS specialty code in Provider Enrollment, Chain, and Ownership System (PECOS) is as follows:

Medicare PECOS

CODE	APPROVED PHYSICAN SPECIALTIES
01	GENERAL PRACTICE
02	GENERAL SURGERY
03	ALLERGY/IMMUNOLOGY
04	OTOLARYNGOLOGY
05	ANESTHESIOLOGY
06	CARDIOVASCULAR DISEASE (CARDIOLOGY)
07	DERMATOLOGY
08	FAMILY PRACTICE
09	INTERVENTIONAL PAIN MANAGEMENT
10	GASTROENTEROLOGY
11	INTERNAL MEDICINE
12	OSTEOPATHIC MANUPULATIVE MEDICINE
13	NEUROLOGY

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CODE	APPROVED PHYSICIAN SPECIALTIES
14	NEUROSURGERY
16	OBSTETRICS/GYNECOLOGY
17	HOSPICE/PALLIATIVE CARE
18	OPHTHALMOLOGY
20	ORTHOPEDIC SURGERY
21	CARDIAC ELECTROPHYSIOLOGY
22	PATHOLOGY
23	SPORTS MEDICINE
24	PLASTIC AND RECONSTRUCTIVE SURGERY
25	PHYSICAL MEDICINE AND REHABILITATION
26	PSYCHIATRY
27	GERIATRIC PSYCHIATRY
28	COLORECTAL SURGERY (PROCTOLOGY)
29	PULMONARY DISEASE
30	DIAGNOSTIC RADIOLOGY
33	THORACIC SURGERY
34	UROLOGY
36	NUCLEAR MEDICINE
37	PEDIATRIC MEDICINE
38	GERIATRIC MEDICINE
39	NEPHROLOGY
40	HAND SURGERY
44	INFECTIOUS DISEASE
46	ENDOCRINOLOGY
66	RHEUMATOLOGY
72	PAIN MANAGEMENT
76	PERIPHERAL VASCULAR DISEASE
77	VASCULAR SURGERY
78	CARDIAC SURGERY
79	ADDICTION MEDICINE
81	CRITICAL CARE (INTENSIVISTS)
82	HEMATOLOGY
83	HEMATOLOGY/ONCOLOGY
84	PREVENTATIVE MEDICINE
85	MAXILLOFACIAL SURGERY
86	NEUROPSYCHIATRY
90	MEDICAL ONCOLOGY
91	SURGICAL ONCOLOGY
92	RADIATION ONCOLOGY
93	EMERGENCY MEDICINE

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CODE	APPROVED PHYSICIAN SPECIALTIES
94	INTERVENTIONAL RADIOLOGY
98	GYNECOLOGICAL ONCOLOGY
C0	SLEEP LABORATORY/MEDICINE

The list of authorized non-physician specialties and their corresponding CMS specialty code in PECOS is as follows:

CODE	APPROVED NON-PHYSICIAN SPECIALTY
50	NURSE PRACTITIONER
89	CLINICAL NURSE SPECIALIST
97	PHYSICIAN ASSISTANT

Suppliers are required to ascertain that the provider is authorized to order a PMD. A list of providers authorized to order a PMD can be accessed (beginning April 2014) at <https://data.cms.gov> on the CMS website.

A denial of the claim will be issued if the provider is not on the PECOS list. Be aware that all of the criteria for coverage of PMDs must be met.

When a claim for a relevant PMD is denied because the ordering/referring provider was ineligible to place the order, Medicare will use the a Claim Adjustment Reason Code of 183 (The Referring Provider is not eligible to refer the service billed) and a Remittance Advice Remarks Code of N574 (Our records indicate the ordering/referring provider is of a type/specialty that cannot order or refer).

Additional Information

The official instruction, CR 8239, issued to your DME/MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1305OTN.pdf> on the CMS website.

If you have any questions, please contact your DME/MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

For a look at face-to-face requirements and a checklist you may review SE1112, “Power Mobility Device Face-to-Face Examination Checklist” at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1112.pdf> on the CMS website.

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