Power Mobility Devices
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What’s Changed?

- **Added:**
  - Policies effective 01/01/2020 establishing a standardized set of required elements for all DMEPOS orders and creating 1 master list of DMEPOS items requiring a face-to-face encounter (pages 4 & 6)
  - Standard Written Order (SWO) requirement (page 8)
  - Statement that if supplier doesn’t get a Power Mobility Device (PMD) SWO or prescription before delivery, Medicare denies the claim as not reasonable and necessary (page 6)
  - Complete face-to-face encounter 6 months before the order (page 6)
  - Master List information

- **Removed:**
  - 7-element order
  - Detailed product description requirement
  - References to 45-day order time frame and face-to-face documentation receipt
  - Information indicating PMD supplier must complete delivery within 120 days following face-to-face exam
  - Date stamp or equivalent requirement

- **Revised:**
  - Face-to-face exam to face-to-face encounter (page 7)

You’ll find substantive content updates in dark red font.
Introduction

Medicare Part B covers Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) if a qualified practitioner prescribes it for use in a patient’s home and documents medical necessity in compliance with coverage requirements. Medicare covers Power Mobility Devices (PMDs), including Power Wheelchairs (PWCs) and Power Operated Vehicles (POVs), under the Mobility Assistive Equipment category of Durable Medical Equipment (DME).

Effective January 1, 2020, we finalized Medicare policies that:

- Established 1 standardized set of required elements for all DMEPOS orders
- Created 1 Master List of DMEPOS Items that could require a face-to-face encounter and a written order before delivery or prior authorization

“Prior authorization” is when a provider or supplier requests an item review before delivery to the patient. After Medicare reviews the prior authorization request, they will issue a provisional affirmation (approved) or non-affirmation (non-approved). Failure to get approval before item delivery will result in claim denial.

Coverage Criteria

PMDs

Medicare only covers medically necessary PMDs. A PMD is considered medically necessary when a patient meets all these general coverage criteria:

- Their mobility limitation significantly impairs their ability to participate in 1 or more Mobility-Related Activities of Daily Living (MRADLs) in typical locations within the home, such as the kitchen or bathroom
- Their mobility limitation isn’t sufficiently and safely resolved by using an appropriately fitted cane or walker
- They don’t have enough arm and hand strength to operate an optimally configured manual wheelchair to perform MRADLs at home during a typical day
  - An optimally configured manual wheelchair is 1 with an appropriate wheelbase, device weight, seating options, and other appropriate non-powered accessories

Did You Know?

Insufficient documentation and medical necessity errors cause most PMD improper payments.
POVs

Patients qualify for a POV or scooter if they meet all general PMD coverage criteria plus:

- They can do all these actions:
  - Safely transfer to and from a POV
  - Operate tiller steering system
  - Maintain postural stability and position while operating POV at home
- They have sufficient mental and physical abilities to safely operate a POV at home
- They meet POV weight capacity requirements; their weight must be both:
  - Less than or equal to POV maximum weight capacity
  - Greater than or equal to 95% of capacity of next lower POV weight class capacity
- Their home allows adequate POV access between rooms, maneuvering space, and surfaces
- Using a POV will significantly improve their ability to participate in MRADLs, and they’ll use it at home
- They haven’t expressed an unwillingness to use a POV at home

PWCs

Patients qualify for a PWC if they meet all general PMD coverage criteria plus:

- They don’t meet all POV coverage criteria (POV isn’t appropriate based on the patient and environmental assessment)
- They have sufficient mental and physical abilities to safely operate the PWC or have a caregiver who can’t adequately propel an optimally configured manual wheelchair
- They meet PWC weight capacity requirements; their weight must be both:
  - Less than or equal to PWC maximum weight capacity
  - Greater than or equal to 95% of capacity of next lower PWC weight class capacity
- Their home allows adequate PWC access between rooms, maneuvering space, and surfaces
- Using a PWC will significantly improve their ability to participate in MRADLs, and they’ll use the PWC at home
- They haven’t expressed an unwillingness to use a PWC at home

Specific PWCs have additional coverage criteria applied. Find more information on your PMD Local Coverage Determination in the Medicare Coverage Database.
**Master List**

Medicare requires some DMEPOS to meet extra criteria before they’re covered. In 2020, we created a library known as the “Master List” that compiles all DMEPOS items that, if selected, may require providers or suppliers to meet additional payment requirements. We make the list of selected items from 2 smaller lists known as:

- Required Face-to-Face Encounter and Written Order Prior to Delivery List; this list includes all PMDs
- Required Prior Authorization List

We can add Master List items to 1 or both lists. We include PMDs on the Required Face-to-Face Encounter and Written Order Prior to Delivery Lists.

**Practitioner Requirements**

For us to cover a patient’s PMD item, the treating practitioner must:

- Conduct face-to-face encounter
- Document face-to-face encounter
- Send “prescription” (known as the **Standard Written Order [SWO]**) to supplier, along with supporting documentation
  - Practitioner who performed the face-to-face encounter must write the SWO
  - Practitioner must order the SWO within 6 months after face-to-face encounter

“Practitioners” (physicians or Non-Physician Practitioners [NPPs]) and suppliers should work together to ensure they meet all these requirements before delivering a DMEPOS item. If the supplier doesn’t get the PMD SWO before delivery, we deny the claim.

Many suppliers create PMD documentation templates. Templates can help with claim submissions. While you may complete template forms and include them in the patient’s chart, they aren’t a substitute for the comprehensive medical record. We don’t allow suppliers to complete any part of these forms. We encourage suppliers to help educate practitioners on the type of information needed to document a patient’s mobility needs.
Face-to-Face Encounter

A “face-to-face encounter” is an in-person or telehealth encounter between you and the patient. If you perform the encounter via telehealth, you must also meet the telehealth services requirements to get paid. In the face-to-face encounter, gather information related to diagnosing, treating, or managing the patient’s clinical condition that requires the DMEPOS item.

During the face-to-face encounter, you should:

- Evaluate and treat patient for their medical conditions
  - Tailor evaluation to individual patient’s condition(s)
- Determine PMD medical necessity as part of appropriate overall treatment plan
  - Document a mobility exam was a major reason for the visit
- Answer these questions about the patient:
  - What is their mobility limitation, and how does it interfere with performing MRADLs?
  - Why won’t a cane or walker meet their home mobility needs?
  - Why won’t a manual wheelchair or POV meet their home mobility needs?
  - Do they have the physical and mental abilities to safely transfer into and safely operate a PMD at home?

A new face-to-face encounter isn’t required if:

- PMD is replaced during the 5-year useful lifetime of item in same Medicare performance group previously covered
- You’re only ordering PMD accessories that aren’t included on the Required Face-to-Face Encounter and Written Order Prior to Delivery Lists

Documenting the Face-to-Face Encounter

You must document the patient’s face-to-face encounter in a detailed, narrative note in their medical record. The record should include relevant information about these elements (each element doesn’t need addressed in every evaluation) and may include other details:

- Document patient’s present and past medical history of mobility needs, including:
  - Symptoms and diagnoses limiting ambulation
  - Medications or other symptom treatment
  - Progressive ambulation difficulty over time
  - Other related ambulatory problem diagnoses
- How far they can walk without stopping
- How fast they can walk
- What they currently use for ambulatory help
- What changed that they need a PMD
- Standing up without help from a seated position
- Description of home setting and patient-ability to perform MRADLs at home

- Document their physical exam:
  - Weight and height
  - Cardiopulmonary exam
  - “Musculoskeletal exam” (arm and leg strength and range of motion)
  - “Neurological exam” (gait, balance, and coordination)

- Ensure medical record documentation supports the medical need in the home:
  - Include important lab tests, X-rays, or other diagnostic tests about their mobility needs
  - Document PMD prescribing decision

**Standard Written Order**

The treating practitioner who completes the patient’s face-to-face encounter must prepare a “SWO.” The SWO is written communication from a treating practitioner that documents the patient’s DMEPOS item need.

All DMEPOS items require you to send the SWO to the supplier before the supplier can submit the claim. Some items, like power wheelchairs, require you to send the SWO to the supplier before they deliver the ordered item.

The SWO must include all these elements:

- Patient’s name or Medicare Beneficiary Identifier (MBI)
- General item description (for example, wheelchair or hospital bed, brand name or model number, HCPCS code, or HCPCS code narrative)
- Quantity you want dispensed, if applicable
- Date ordered
- Treating practitioner name or National Provider Identifier (NPI) and signature
Supplier Requirements

PMD suppliers must satisfy certain Medicare requirements to get paid. You must keep these documents:

- SWO & face-to-face encounter supporting documentation
- Written home assessment report
- Proof of Delivery (POD)

In this section, you refers to PMD suppliers.

SWO & Face-to-Face Encounter Documentation

You must:

- Get a written, signed, and dated SWO before delivering the PMD. However, if a particular PMD doesn’t appear on the prior authorization list, submit the order to the supplier before claim submission. Only power wheelchairs require the written order prior to delivery.
- Keep and make this and other medical records available on request.

Home Assessment

You or the ordering practitioner must perform an on-site patient home evaluation before or during the PMD delivery. Include a written report with this evaluation. The evaluation must verify the patient can adequately maneuver the PMD, considering all these:

- Physical layout
- Doorway width
- Doorway thresholds
- Surfaces
- Home assessment written report available on request

POD

POD helps determine correct PMD coding and billing. Ensure the claim’s date of service is the date you deliver the patient’s PMD.

If you deliver directly to the patient, you must document:

- Patient’s name
- Delivery address
- Sufficiently detailed item description
- Quantity delivered
- Date delivered
- Patient (or designee) signature
If you deliver the patient’s PMD using a **hired shipping service**, you must document:

- All above-listed criteria
- Shipping service’s package identification number linking your delivery documents to shipping service’s records
- Delivery evidence

**DMEPOS Competitive Bidding Program**

Under **DMEPOS Competitive Bidding Program**, DMEPOS suppliers compete to become Medicare contract suppliers by bidding to provide certain medical equipment and supplies to patients living in or visiting competitive bidding areas.

**Resources**

- [2019 Final Rule Affecting PMDs](#)
- [42 CFR Section 410.38](#)
- [Complying with Medicare Signature Requirements](#)
- [Medicare Claims Processing Manual, Chapter 20](#)
- [MLN Matters® Article SE20007, Standard Elements for DMEPOS Order, and Master List of DMEPOS Items Potentially Subject to a Face-to-Face Encounter and Written Orders Prior to Delivery and, or Prior Authorization Requirements](#)
- [Provider Compliance](#)