

Audio Title: Power Mobility Device Face-to-Face Examination Checklist
Audio Date: 06/27/2011
Run Time: 11 minutes
ICN: 904624

Welcome to Medicare Learning Network Podcasts at the Centers for Medicare and Medicaid Services, or “CMS”. These podcasts are developed and produced by the Medicare Learning Network® within CMS, and they provide official information for Medicare Fee-For-Service providers.

If you are a Durable Medical Equipment, or D-M-E, supplier who submits claims to DME Medicare Administrative Contractors, or D-M-E MACs, you will benefit from this podcast! It will give you information to help you comply with documentation requirements for the face-to-face examination that occurs before ordering a power mobility device, or P-M-D, for Medicare beneficiaries. If you are a physician or treating practitioner who prescribes power mobility devices, or P-M-Ds, for Medicare beneficiaries, you will also benefit from this podcast. A P-M-D is an item covered under Medicare Part B and may include a power wheelchair, power operated vehicle (or P-O-V), or scooter that a beneficiary uses in the home. You should note that on May 5, 2005, CMS revised national coverage policy to create a new class of D-M-E identified as Mobility Assistive Equipment (or M-A-E) that includes a range of technologies from canes to power wheelchairs.

This podcast is based on MLN Matters Special Edition Article #SE1112, which CMS issued to help physicians and non-physician practitioners comply with documentation requirements for the face-to-face examination that occurs before ordering a P-M-D for Medicare beneficiaries. The article includes a checklist and helpful tips to use during the examination. You should consider this important information, and take the necessary steps to meet Medicare documentation requirements. **The article information is intended as an educational guide and does not ensure Medicare payment for a P-M-D.**

In addition to prescribing the P-M-D, you must also provide the supplier with supporting documentation from the beneficiary’s medical record that supports the medical necessity for the P-M-D in the home.

The following five (5) statutory requirements must be met to document the need for the P-M-D **BEFORE** you write the prescription:

- First, an in-person visit must occur between the ordering physician and the beneficiary. This visit must document the decision to prescribe a P-M-D.
- Two (2), a medical evaluation must be performed by the ordering physician. The evaluation must clearly document the patient’s functional status and any conditions that affect his or her mobility and ability to perform daily living activities within the home. This may be done all or in part by the ordering physician. If all or some of the medical examination is completed by another medical professional, the ordering physician must sign the report and incorporate it into their records.
- Three (3), items one (1) and two (2) are collectively referred to as the “face-to-face exam.” The prescribing physician may write the prescription for a P-M-D only **AFTER** the face-to-face examination is completed. This prescription, known as the seven-element order, contains seven elements that only the physician



must enter on the prescription.

- Four (4), records of the completed face-to-face examination and the seven-element order must be forwarded to the P-M-D supplier within 45 days.
- Five (5), CMS' National Coverage Determination requires you to consider other items of M-A-E, such as canes, walkers, and manual wheelchairs, that may resolve the beneficiaries' mobility deficits. Information that addresses M-A-E alternatives must be included in the face-to-face medical evaluation.

MLN Matters Article #SE1112 contains a checklist that outlines essential information to help you determine the medical necessity during the examination and documentation process. The checklist can be found in the "Attachment" section of the article, which can be downloaded from the MLN Matters web page at www.cms.gov/MLN Matters on the CMS website. **Please note, this checklist is a guide and does not replace the underlying medical records.** It is designed to help you understand the critical information needed to document the beneficiary's medical need and how he or she should use the device safely in the home.

The face-to-face medical evaluation should reflect the beneficiary's conditions. The medical history should contain a well-documented description of your beneficiary's functional abilities and limitations on a typical day. It should contain as much objective data as possible. The physical examination should focus on the body systems responsible for the beneficiary's ambulatory difficulty or those that impact the beneficiary's ambulation.

Now we will discuss tips on how you can avoid denial of P-M-D claims. Medical records should contain enough information to support the coverage for a P-M-D. Currently, audits show many medical records lack documentation that justifies the need for payment. The medical record must contain enough information to support Medicare coverage for a P-M-D. This information must be directly related to the beneficiary's use of a P-M-D. You should address the following key items:

- First, determine why the beneficiary requires the use of a P-M-D **in the home** to safely and effectively accomplish Activities of Daily Living (or A-D-Ls), such as bathing, grooming, dressing, toileting.
- Second, identify the important medical history factors that demonstrate the beneficiary's mobility limitations.
- Third, the physical examination (or P-E) findings must support the beneficiary's claimed functional status (or mobility level).
- Fourth, information in the PE must support the pertinent history and provide quantifiable, objective measures or tests of the abnormal characteristics, such as range of motion, manual muscle test scores, and heart/respiratory rates. Each medical record must be individualized to the characteristics of the beneficiary. All exams must include a detailed description of the beneficiary's observed ability or inability to transfer and/or walk.
- Fifth, if the beneficiary requires a P-M-D due to respiratory illness or injury, please consider the following questions:
 - Does the beneficiary use home oxygen? If yes, what is the frequency, duration, delivery system, and flow rate?
 - How far can the beneficiary walk or self-propel a manual wheelchair before becoming short of breath (with best oxygenation provided)?
 - Describe the ADLs that make him or her short of breath in the home (again, with best oxygenation provided) and the interventions that palliate them. How have these signs/symptoms changed over time?
- Sixth, if the beneficiary requires a P-M-D due to cardiovascular illness or injury, please consider the following points:

- Describe any significant increase in heart rate, palpitations, or ischemic pain that occurs or worsens when the beneficiary attempts or performs ADLs within the home (with best oxygenation provided).
- In addition, consider what palliates these signs or symptoms and how far the beneficiary can walk or self-propel a manual wheelchair before experiencing them. How have these signs/symptoms changed over time?
- And finally, if the beneficiary requires a P-M-D due to neuromusculoskeletal illness or injury or malformed body member, please consider the following:
 - Does the beneficiary exhibit joint/bone signs and symptoms, changes in strength, coordination, or tone?
 - Describe the beneficiary's impairments and determine how these signs and symptoms relate to their functional state and ability to perform ADLs.
 - Consider how far the beneficiary can walk or self-propel a manual wheelchair before experiencing these signs and symptoms. How have these signs and symptoms changed over time?

MLN Matters Article #SE1112 gives an example of medical record documentation resulting in a DENIED claim and also, a sample checklist for the P-M-D examination. **Please note, this checklist is a guide and does not replace the underlying medical records.** It is designed to help you understand the critical information needed to document the beneficiary's medical need and how he or she should use the device safely in the home. The article may be downloaded from the MLN Matters web page at www.cms.gov/MLNMatters on the CMS website.

Please visit the MLN Provider Compliance web page at www.cms.gov/MLNProducts/45_ProviderCompliance.asp and follow the links to Provider Compliance for educational Fee-For-Service provider materials to help you understand – and avoid – common billing errors.

More questions? Contact your Medicare contractor or visit our web page www.cms.gov/MLNGenInfo and follow the links to MLN Matters Articles and download the full article on this subject, #SE1112. Be on the lookout for future MLN podcasts on subjects of interest to you.

This podcast was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This podcast was prepared as a service to the public and is not intended to grant rights or impose obligations. This podcast may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

The Medicare Learning Network® (MLN), a registered trademark of CMS, is the brand name for official CMS educational products and information for Medicare Fee-For-Service Providers. For additional information, visit the MLN's web page at <http://www.cms.gov/MLNGenInfo> on the CMS website.

Your feedback is important to us and we use your suggestions to help us improve our educational products, services and activities and to develop products, services and activities that better meet your educational needs. To evaluate Medicare Learning Network®(MLN) products, services and activities you have participated in, received, or downloaded, please go to <http://www.cms.gov/MLNProducts> and click on the link called 'MLN Opinion Page' in the left-hand menu and follow the instructions.

Please send your suggestions related to MLN product topics or formats to MLN@cms.hhs.gov.

