

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



## Power Mobility Devices: Documentation & Coverage Requirements

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**Please note:** The information in this publication applies only to the Medicare Fee-For-Service Program (also known as Original Medicare).

Table 2. Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

This publication educates health care providers on Medicare coverage and billing requirements for Power Mobility Devices (PMDs). It includes information on the basic coverage criteria and documentation requirements, as well as detailed coverage guidelines for the specific type of PMD provided.

## Background

The Centers for Medicare & Medicaid Services (CMS) developed the [Comprehensive Error Rate Testing \(CERT\) Program](#) to produce a national Medicare Fee-For-Service (FFS) improper payment rate. CERT randomly selects a statistically valid, stratified sample of Medicare FFS claims and reviews those claims and related medical records for compliance with Medicare coverage, payment, coding, and billing rules.

CMS calculates a national Medicare FFS improper payment rate and improper payment rates by claim type. These results are published in an annual report, which helps CMS determine which areas of coverage are most commonly billed or documented incorrectly and create educational materials targeted to those areas.

The CERT Program identified the PMD benefit as having a high improper payment rate. This publication addresses the most common coverage requirements that cause erroneous payments.

**Improper Payments & PMDs**

The latest improper payment rate for PMDs was 81.8 percent, with a projected **improper payment amount of \$329 million**. The largest causes of improper payments for PMD claims were **insufficient documentation** and **medical necessity errors**.

## PMD Overview

Power Operated Vehicles (POVs)—also known as scooters—and Power Wheelchairs (PWCs) are collectively classified as PMDs and covered under the Medicare Part B Durable Medical Equipment (DME) benefit. CMS defines a PMD as a covered DME item that a patient uses **in the home**. PMDs are part of a class of DME identified as Mobility Assistive Equipment.

## General Patient Coverage Criteria for PMDs

A Medicare patient must meet **all** of the following **general coverage criteria** to satisfy PMD medical necessity requirements:

**All Power Mobility Devices**

- The patient has a **mobility limitation** that significantly impairs his or her ability to participate in one or more Mobility-Related Activities of Daily Living (MRADLs) in customary locations in the home
- The patient’s mobility limitation cannot be sufficiently and safely resolved by using an appropriately fitted cane or walker
- The patient does not have sufficient **upper extremity function** to self-propel an **optimally configured manual wheelchair** in the home to perform MRADLs during a typical day

A Medicare patient must meet the following **coverage criteria** to qualify for specific PMDs:

### Power Operated Vehicle (POV)/ Scooter



The patient meets all **general coverage criteria** for PMDs, PLUS all of the following:

- The patient must be able to do the following three actions:
  - Safely transfer to and from a POV
  - Operate the tiller steering system
  - Maintain postural stability and position while operating the POV in the home
- The patient's **mental capabilities** and **physical capabilities** are sufficient for safe mobility using a POV in the home
- The patient's weight is less than or equal to the weight capacity of the POV and greater than or equal to 95 percent of the weight capacity of the next lower weight class of POV
- The patient's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the POV
- Using a POV will significantly improve the patient's ability to **participate in MRADLs** and the patient will use the POV in the home
- The patient has not expressed an unwillingness to use a POV in the home

### Power Wheelchair (PWC)



The patient meets all **general coverage criteria** for PMDs, PLUS all of the following:

- The patient does **not** meet the coverage criteria for a POV
- The patient has the **mental capabilities** and **physical capabilities** to safely operate the PWC, or if unable to safely operate the PWC, has a caregiver available, willing, and able to safely operate the PWC (but is unable to adequately propel an optimally configured manual wheelchair)
- The patient's weight is less than or equal to the weight capacity of the PWC and greater than or equal to 95 percent of the weight capacity of the next lower weight class of PWC
- The patient's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the PWC
- Using a PWC will significantly improve the patient's ability to **participate in MRADLs** and the patient will use the PWC in the home
- The patient has not expressed an unwillingness to use a PWC in the home

Additional coverage criteria apply for specific PWCs. Search the [Medicare Coverage Database](#) for your geographic area's **Power Mobility Devices** Local Coverage Determination.

## Provider and Supplier Work Together to Help Avoid Improper Payments

The provider (physician or non-physician practitioner [NPP]) and the supplier work together to ensure Medicare covers a patient's PMD. The following figure shows how providers and suppliers must cooperate.



The following sections detail the provider's and supplier's responsibilities.

### Provider Requirements

Medicare allows payment for a PMD only when a Medicare-enrolled provider meets all of the following requirements:

- Conduct a face-to-face examination of the patient
- Document the examination
- Write a prescription (known as the 7-element order) for the PMD

In this section, "you" refers to the treating/ordering provider.

For more information on providers authorized to order PMDs, refer to MLN Matters® Article MM8239, [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](#).

## Face-to-Face Examination

Conduct a face-to-face examination **before** writing the prescription (7-element order) for the PMD.

### Face-to-Face Examination

- Evaluate and treat the patient for his or her medical condition
  - Tailor the evaluation to the individual patient's conditions
- Determine medical necessity for the PMD as part of an appropriate overall treatment plan
  - Document that a major reason for the visit was a mobility examination
- Answer these four questions:
  1. What is this patient's mobility limitation and how does it interfere with the performance of activities of daily living?
  2. Why can't a cane or walker meet this patient's mobility needs in the home?
  3. Why can't a manual wheelchair meet this patient's mobility needs in the home?
  4. Does this patient have the physical and mental abilities to operate a PMD safely in the home?



A face-to-face examination is not required if any of the following is true:

- The face-to-face examination was previously performed during a hospital or nursing home stay (send the supplier the report of the examination within 45 days after discharge)
- The PMD is a replacement during the 5-year useful lifetime of an item in the same performance group that was previously covered by Medicare
- You are ordering only PMD accessories

## Documentation of the Face-to-Face Examination

Document the face-to-face examination in a detailed, narrative note in the patient's medical record. The record should include relevant information about the following elements but may include other details:

### Documentation

Many suppliers create PMD documentation template forms to assist in the claim submission process. While you may complete this type of form and include it in the patient's chart, this supplier-generated form is not a substitute for the comprehensive medical record, and the supplier is prohibited from completing any part of it.

- Document the history of the patient's present condition(s) and past medical history relevant to mobility needs, including:
  - Symptoms that limit ambulation
  - Progression of ambulation difficulty over time
  - Other diagnoses that may relate to ambulatory problems
  - How far the patient can walk without stopping
  - Pace of ambulation
  - What ambulatory assistance is currently used
  - What has changed to now require a PMD
  - Ability to stand up from a seated position without assistance
  - Description of the home setting and the ability to perform activities of daily living in the home
- Document the patient's physical examination:
  - Weight and height
  - Cardiopulmonary examination
  - Musculoskeletal examination
  - Neurological examination
- Ensure the patient's medical record contains enough documentation to support medical necessity of a PMD in his/her home:
  - Include reports of pertinent laboratory tests, X-rays, and/or other diagnostic tests related to the patient's mobility needs
- Document the decision to prescribe a PMD for the patient



**Forward this documentation to the PMD supplier within 45 days of completing the face-to-face examination.**

## Written Prescription (7-Element Order)

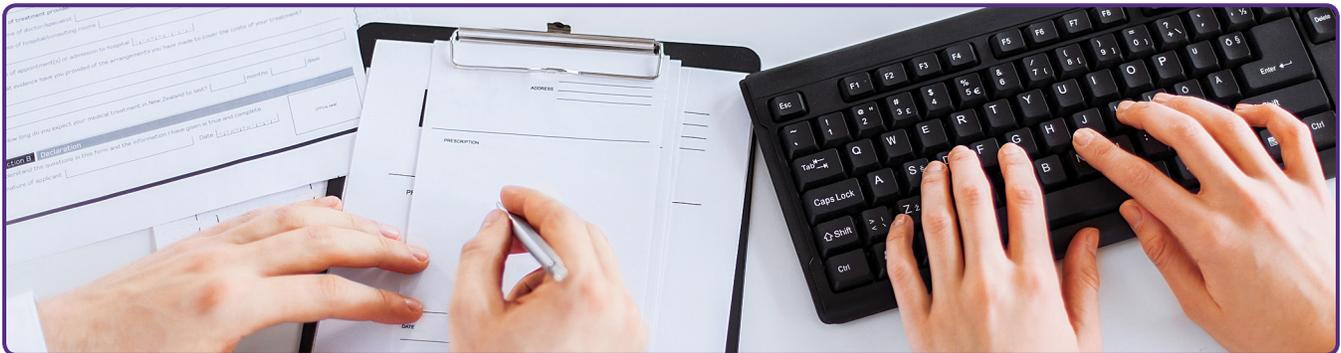
The treating provider who completes the patient's face-to-face examination must prepare a 7-element order. This order must be written only **after** the face-to-face examination requirements and must include **all** of the following seven elements.

### 7-Element Order

1. Patient's name
2. Date of patient's face-to-face examination
3. Pertinent diagnoses/conditions that relate to the need for the POV or PWC
4. Description of the **item ordered**
5. Length of need
6. Treating provider's **signature**
7. Date of provider's signature



Forward the completed 7-element order to the PMD supplier within 45 days of completing the face-to-face examination.



## Supplier Requirements

PMD suppliers must also satisfy certain requirements to ensure Medicare payment for PMDs. You must maintain all of the following documents:

- A written prescription (7-element order)
- Supporting documentation of the patient's face-to-face examination
- A detailed product description
- A home assessment documented in a written report
- Proof of delivery (POD)

In this section, "you" refers to the PMD supplier.

## 7-Element Order and Documentation of Face-to-Face Examination

The ordering provider forwards documentation of the patient's face-to-face examination and the 7-element order to you within 45 days of completing the requirements.



### 7-Element Order

### Face-to-Face Examination Documentation

- You must receive a written, signed, and dated order **before** the PMD may be delivered
- You must **maintain** and make this and **other medical records** available on request
- You must use a date stamp or equivalent to document the supplier receipt date

## Detailed Product Description

Use the 7-element order to determine the appropriate PMD for the patient. After this determination, prepare a written, detailed product description that contains all of the following information:

### Detailed Product Description

- Patient's name
- PMD item ordered
- Signature of ordering provider
- National Provider Identifier of ordering provider
- Date of the order



Forward the completed detailed product description to the ordering provider to review, sign, date, and return to you before delivering the PMD.

## Home Assessment

You or the ordering provider must perform an on-site evaluation of the patient's home before or at the time of delivery of a PMD. A written report must accompany this evaluation.

### Home Assessment

- Verify the patient can adequately maneuver the PMD, considering all of the following:
  - Physical layout
  - Doorway width
  - Doorway thresholds
  - Surfaces
- Make the written report of the home assessment available on request

## Proof of Delivery (POD)

POD helps determine correct coding and billing for PMDs.

### Proof of Delivery

- Ensure the date of service on the claim is the date you deliver the PMD to the patient
- If you deliver directly to the patient, include documentation of all of the following:
  - Patient's name
  - Delivery address
  - Sufficiently detailed description to identify item being delivered
  - Quantity delivered
  - Date delivered
  - Patient (or designee) signature
- If you hire a shipping service to deliver the PMD to the patient, include documentation of all of the following:
  - **All of the above-listed criteria**
  - Shipping service's package identification number that links your delivery documents with the shipping service's records
  - Evidence of delivery



The prescribed PMD must be delivered within 120 days of completing the patient's face-to-face examination.

## Important News for Certain Parts of the Country

Be aware of the following programs that may affect reimbursement for PMDs.

### Prior Authorization of PMDs Demonstration

The Medicare Fee-For-Service Prior Authorization of PMD demonstration requires prior authorization for POVs and PWCs for people with Medicare who reside in **specified States** with high populations of fraud- and error-prone providers. For more information, visit the [Prior Authorization of PMDs Demonstration](#) webpage.

### Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding

Under the Competitive Bidding Program, DMEPOS suppliers in certain locations or for certain supplies compete to become Medicare contract suppliers. CMS awards contracts to enough suppliers to meet patient demand for the bid items. For more information, visit the [DMEPOS Competitive Bidding](#) webpage.

## Resources

For provider compliance information, visit the [Medicare Learning Network® \(MLN\) Provider Compliance](#) webpage. Table 1 lists additional resources.

**Table 1. Resources**

Reference	Website
CERT Program	<a href="https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT">CMS.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT</a>
Complying With Medicare Signature Requirements	<a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1246723.html">CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1246723.html</a>
Medicare Claims Processing Manual, Chapter 20 DMEPOS	<a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c20.pdf">CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c20.pdf</a>
Medicare Coverage Database	<a href="https://www.cms.gov/medicare-coverage-database">CMS.gov/medicare-coverage-database</a>
MLN Guided Pathways: Provider Specific Medicare Resources	<a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf">CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf</a>
MLN Products	<a href="https://www.cms.gov/MLNProducts">Go.CMS.gov/MLNProducts</a>

**Table 1. Resources (cont.)**

Reference	Website
Medicare Program Integrity Manual, Chapter 5 Items and Services Having Special DME Review Considerations	<a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c05.pdf">CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c05.pdf</a>
PMD Documentation Requirements (Nationwide)	<a href="https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/PMDDocumentationRequirementsNationwide.html">CMS.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/PMDDocumentationRequirementsNationwide.html</a>
“Power Mobility Pearls for the Practicing Physician” Web-Based Training Course (Continuing Education credit available)	<a href="https://www.learner.com/mln/mls">Learner.mlnlms.com</a>
Social Security Act, Title 18, Section 1861 (Policy governing DME)	<a href="https://www.ssa.gov/OP_Home/ssact/title18/1861.htm">SSA.gov/OP_Home/ssact/title18/1861.htm</a>

**Table 2. Hyperlink Table**

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Comprehensive Error Rate Testing (CERT) Program	<a href="https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT">https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT</a>
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	<a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM8239.pdf">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM8239.pdf</a>
DMEPOS Competitive Bidding	<a href="https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSCompetitiveBid">https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSCompetitiveBid</a>
Medicare Coverage Database	<a href="https://www.cms.gov/medicare-coverage-database">https://www.cms.gov/medicare-coverage-database</a>
Medicare Learning Network® (MLN) Provider Compliance	<a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html</a>
Prior Authorization of PMDs Demonstration	<a href="https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/PADemo.html">https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/PADemo.html</a>



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