

CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 748

Department of Health & Human Services (DHHS)

Centers for Medicare & Medicaid Services (CMS)

Date: NOVEMBER 4, 2005

Change Request 4121

NOTE: *Transmittal 713, dated October 18, 2005 is rescinded and replaced with Transmittal 748, dated November 4, 2005. Fiscal Intermediaries should not have been impacted by the changes included in Transmittal 713. G0372 is a physician service and should only be billed to local carriers. All other information remains the same.*

SUBJECT: New G Code for Power Mobility Devices (PMDs)

I. SUMMARY OF CHANGES: This notification contains information on a new G code that recognizes additional physician services and resources required to establish and document the need for the PMDs.

NEW/REVISED MATERIAL :

EFFECTIVE DATE : October 25, 2005

IMPLEMENTATION DATE : October 25, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R = REVISED, N = NEW, D = DELETED – *Only One Per Row.*

R/N/D	Chapter / Section / SubSection / Title
N	12/30/30.6.15.4/Power Mobility Devices (PMDs) Code G0372

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

Attachment – Business Requirements

Pub. 100-04	Transmittal: 748	Date: November 4, 2005	Change Request 4121
-------------	------------------	------------------------	---------------------

NOTE: *Transmittal 713, dated October 18, 2005, is rescinded and replaced with Transmittal 748, dated November 4, 2005. Fiscal Intermediaries should not have been impacted by the changes included in Transmittal 713. G0372 is a physician service and should only be billed to local carriers. All other information remains the same.*

SUBJECT: New G Code for Power Mobility Devices (PMDs)

I. GENERAL INFORMATION

This notification contains information on a new G code that recognizes additional physician services and resources required to establish and document the need for the PMDs.

A. Background: Section 302(a)(2)(E)(iv) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) provides revised conditions for Medicare payment of PMDs. This section of the MMA states that payment for motorized or power wheelchairs may not be made unless a physician (as defined in §1861(r)(1) of the Act), a physician assistant, nurse practitioner, or a clinical nurse specialist (as those terms are defined in §1861(aa)(5)) has conducted a face-to-face examination of the beneficiary and written a prescription (order) for the PMD. The new G code (G0372) will be effective October 25, 2005.

B. Policy: 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, G0372 has been established to recognize additional physician services and resources required to establish and document the need for the PMD. We believe that the typical amount of additional physician services and resources involved is equivalent to the physician fee schedule relative values established for a level 1 office visit for an established patient (CPT 99211). The payment amount for such a visit is \$21.60. Therefore, 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 office visit (CPT 99211).

The 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, is delivered to the PMD supplier within 30 days after the face-to-face examination.

Effective October 25, 2005, G0372 will be used to recognize additional physician services and resources required to establish and document the need for the PMD and will be added to the Medicare physician fee schedule.

Code & Payment Information	Short Descriptor	Long Descriptor
----------------------------	------------------	-----------------

<p>G0372</p> <p>Procedure Status = A WRVU = 0.17 Non-Facility PE RVU = 0.39 Facility PE RVU = 0.06 Malpractice RVU = 0.01 PC/TC = 0 Site of Service = 1 Global Surgery = XXX Multiple Procedure Indicator = 0 Bilateral Procedure Indicator = 0 Assistant at Surgery Indicator = 0 Co-Surgery Indicator = 0 Team Surgery Indicator = 0 Diagnostic Supervision = 0 Type of Service = 1</p>	<p>MD service required for PMD</p>	<p>Physician service required to establish and document the need for a power mobility device</p>
---	------------------------------------	--

II. BUSINESS REQUIREMENTS

“Shall” denotes a mandatory requirement
“Should” denotes an optional requirement

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4121.1	Contractors shall retrieve the payment files, as identified in the attachment, from the Centers for Medicare & Medicaid Services Mainframe Telecommunications System. These files will be available on October 11, 2005.			X						
4121.2	Contractors shall send notification of successful receipt via email to price_file_receipt@cms.hhs.gov stating the name of the file received and the entity for which it was received (e.g., carrier name and number).			X						

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
--------------------	--------------	---	--	--	--	--	--	--	--

		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
4121.3	<p>A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p>			X						

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact:

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: October 25, 2005</p> <p>Implementation Date: October 25, 2005</p> <p>Pre-Implementation Contact(s): Gaysha Brooks, (410) 786-9649, Gaysha.Brooks@cms.hhs.gov or Marsha Mason-Wonsley, (410) 786-9375, Marsha.Mason-Wonsley@cms.hhs.gov</p> <p>Post-Implementation Contact(s): Gaysha Brooks, (410) 786-9649, Gaysha.Brooks@cms.hhs.gov or Marsha Mason-Wonsley, (410) 786-9375, Marsha.Mason-Wonsley@cms.hhs.gov</p>	<p>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</p>
--	--

***Unless otherwise specified, the effective date is the date of service.**

Attachment – Filenames for Payment Files

Attachment
Filenames for Payment Files

The filenames of the payment files for G0372 (*Physician service required to establish and document the need for a power mobility device*) for carriers are:

[MU00.@BF12390.MPFS.CY05.UP4.C00000.V1011](#)

Purchased Diagnostic File (Included due to a systematic definition, does not need to be reloaded)

[MU00.@BF12390.MPFS.CY05.UP4.PURDIAG.V1011](#)

The filenames of the payment files for G0372 (*Physician service required to establish and document the need for a power mobility device*) for intermediaries are:

SNF Abstract File

[MU00.@BF12390.MPFS.CY05.UP4.SNF.V1011.FI](#)

Therapy/CORF Abstract File

[MU00.@BF12390.MPFS.CY05.UP4.ABSTR.V1011.FI](#)

Therapy/CORF Supplemental File:

[MU00.@BF12390.MPFS.CY05.UP4.SUPL.V1011.FI](#)

Mammography Abstract File

[MU00.@BF12390.MPFS.CY05.UP4.MAMMO.V1011.FI](#)

Hospice File

[MU00.@BF12390.MPFS.CY05.UP4.ALL.V1011.RHHI](#)

Medicare Claims Processing Manual

Chapter 12 - Physicians/Nonphysician Practitioners

Table of Contents

(Rev. 748, 11-04-05)

30.6.15.4 - Power Mobility Devices (Code G0372)

30.6.15.4 – Power Mobility Devices (PMDs) (Code G0372)

(Rev. 748, Issued: 11-04-05; Effective/Implementation Dates: 10-25-05)

Section 302(a)(2)(E)(iv) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) sets forth revised conditions for Medicare payment of Power Mobility Devices (PMDs). This section of the MMA states that payment for motorized or power wheelchairs may not be made unless a physician (as defined in §1861(r)(1) of the Act), a physician assistant, nurse practitioner, or a clinical nurse specialist (as those terms are defined in §1861(aa)(5)) has conducted a face-to-face examination of the beneficiary and written a prescription for the PMD.

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, code G0372 (physician service required to establish and document the need for a power mobility device) has been established to recognize additional physician services and resources required to establish and document the need for the PMD.

The G code indicates that all of the information necessary to document the PMD prescription is included in the medical record, and the prescription and supporting documentation is delivered to the PMD supplier within 30 days after the face-to-face examination.

Effective October 25, 2005, G0372 will be used to recognize additional physician services and resources required to establish and document the need for the PMD and will be added to the Medicare physician fee schedule.