Prior Authorization of Power Mobility Devices (PMDs) Demonstration Fact Sheet

- The Medicare Fee-for-Service Prior Authorization of Power Mobility Device (PMD) demonstration will implement a Prior Authorization process for scooters and power wheelchairs for people with Medicare who reside in seven states with high incidences of fraud and improper payments (CA, IL, MI, NY, NC, FL and TX). This demonstration is designed to develop and demonstrate improved methods for the investigation and prosecution of fraud associated with these items.

- Prior Authorization, sometimes known as "prior approval" or "pre-certification," exists in other health care programs such as TRICARE, certain state Medicaid programs, and private insurance. This demonstration will use private sector methodology to protect the Medicare Trust Funds.

- Through the use of prior authorization, this demonstration will also help ensure that a beneficiary's medical condition warrants their medical equipment under existing coverage guidelines. Moreover, the program will assist in preserving a Medicare beneficiary's ability to receive quality products from accredited suppliers.

- CMS recognizes there are many honest suppliers, but given the widespread law enforcement activity associated with PMD fraud, CMS is taking bold actions to address this issue.

- Under this demonstration, for beneficiaries who reside in one of the demonstration states, CMS will have a prior authorization process for the following items paid by Medicare:

    - All Power Operated Vehicles (K0800-K0805 and K0809-K0812)
    - All standard power wheelchairs (K0813 thru K0829)
    - All Group 2 complex rehabilitative power wheelchairs (K0835 thru K0843)
    - All Group 3 complex rehabilitative power wheelchairs without power options (K0848 thru K0855)
    - All pediatric and Group 4 power wheelchairs (K0887 thru K0891)
    - Miscellaneous power wheelchairs (K0898)
    - Group 3 complex rehabilitative power wheelchairs with power options (K0856 thru K0864) are excluded.

- The prior authorization request can be submitted by the ordering physician/practitioner or supplier. This person is known as "the submitter."

- After receipt of all relevant documentation from the submitter, the Durable Medical Equipment Medicare Administrative Contractor will make every effort to review and communicate a decision within 10 business days for initial submissions and 20 business days for resubmission on whether the PMD meets all Medicare coverage requirements. There will also be a mechanism in place to request an expedited 48 hour review, in emergency situations where a practitioner indicates clearly, with supporting rationale, that the 10 business day

timeframe for a decision could jeopardize the beneficiary's life or health. CMS does not expect this program to create a significant delay in care or payment.

- CMS has published numerous educational materials to assist suppliers and physicians on the policies and documentation requirements for PMDs. CMS also conducted several open door forums (ODF) on these policies as well as the process and requirements for the PMD demonstration.

- CMS is working with suppliers to develop an electronic template that would be available to physicians and other providers through an Electronic Health Record at a later date. However, CMS does not believe the development of an EHR clinical template is necessary to implement the demonstration. The demonstration has not changed existing medical necessity policies and documentation requirements for furnishing PMDs to Medicare beneficiaries.

More information on this demonstration is available at Go.cms.gov/PADemo. Additional questions on the PMD prior authorization demonstration can be sent to CMS at PAdemo@cms.hhs.gov.