Related MLN Matters Article #: MM3952

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Related CR #: 3952

MMA - Evidence of Medical Necessity: Power Wheelchair and Power Operated Vehicle (POV)/Power Mobility Device (PMD) Claims

Key Words

MM3952, CR3952, R128PI, MMA, Claim, Wheelchair, Vehicle, Device, POV, PMD, Prescription, Evidence, MM3791, CR3791, CMN

Provider Types Affected

Providers prescribing Power Mobility Devices (PMDs) and suppliers billing Medicare Durable Medical Equipment Medicare Administrative Contractors (DME MACs) for PMDs

Key Points

- The effective date of the instruction is May 5, 2005.
- The implementation date for the Medicare system changes contained in Change Request (CR) 3952 is April 3, 2006; otherwise, implementation will occur on October 25, 2005.
- CR3952 outlines the changes regarding Medicare adjudication of claims for PMDs, the criteria for determining who can prescribe PMDs, and a definition of the devices.

Rules for Adjudicating Claims for PMDs

- Rules in place for claims with dates of service on or after May 5, 2005 include the following:
  - Physicians evaluate a patient's medical conditions and need for mobility and, as such, are the primary gatekeepers of the information the Centers for Medicare & Medicaid Services (CMS) uses to base decisions for payment.
  - Physicians should be conscientious when documenting patient encounters.
  - Physicians should pay particular attention to describing the patient's clinical condition, as well as their need for mobility, their living situation, and other treatments that have been tried and considered.

Face-to-Face Examination and Prescription

- A condition for payment for motorized or power wheelchairs is that the PMD must be prescribed by a physician or treating practitioner who has conducted a face-to-face examination of the beneficiary and written a prescription for the PMD.
- The face-to-face examination requirement does not apply when only accessories for PMDs are being ordered.
  - The written prescription (order) must include the following:
    - Beneficiary's name;
    - Date of the face-to-face examination;
    - Diagnoses and conditions that the PMD is expected to modify;
    - Description of the item;
    - How long it is needed;
    - The physician or treating practitioner's signature; and
    - The date the prescription is written.
- The written prescription must be received by the supplier within 30 days after the face-to-face examination; or, in the case of a recently hospitalized beneficiary, within 30 days after the date of discharge from the hospital.

Additional Documentation

- The physician or treating practitioner must provide the supplier with additional documentation describing how the patient meets the clinical criteria for coverage as described in the National Coverage Determination (NCD) as documented in CR3791. CR3791 can be accessed at *http://www.cms.hhs.gov/Transmittals/downloads/R574CP.pdf* on the CMS website.
- The actual documentation needed to describe how the coverage is met may include the history, physical examination, diagnostic tests, summary of findings, diagnoses, and treatment plans, along with any other information explaining the patient's need for the equipment.
- DME suppliers should retain on file the prescription (written order), signed and dated by the treating physician or treating practitioner, along with the supporting documentation that supports the PMD as reasonable and necessary.

Other Rules

- Other rules in place for claims with dates of service on or after May 5, 2005 are the following:
  - It is no longer necessary to require a specialist in physical medicine, orthopedic surgery, neurology, or rheumatology to provide a written order for POVs.
  - The use of the Certificates of Medical Necessity (CMNs) for motorized wheelchairs, manual wheelchairs, and power operated vehicles will be phased out for claims with Dates of Service (DOS) on or after May 5, 2005.

- Until Medicare systems changes are fully implemented in April 2006, for claims with dates of service on or after May 5, 2005, suppliers must submit a partially completed and unsigned CMN.
- For claims with dates of service before May 5, 2005, claims must be submitted and processed using the appropriate fully completed and signed CMN.

Important Links

The related MLN Matters article can be found at *http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3952.pdf* on the CMS website.

The official instruction issued to DME MACs regarding this change may be viewed at *http://www.cms.hhs.gov/Transmittals/downloads/R128PI.pdf* on the CMS website.

The related MLN article (MM3952) was changed on October 24, 2007, to refer to CR5128, which is a supplement to CR3952. CR5128 contains updated changes based on the final regulation that differ from CR3952. The key points are outlined in MLN Matters article MM5128, which is related to CR5128 and located at *http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5128.pdf* **on the CMS website**.

Another related MLN Matters article can be found at *http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3791.pdf* and the official instruction issued to DME MACs regarding this change may be viewed at *http://www.cms.hhs.gov/Transmittals/downloads/R37NCD.pdf* on the CMS website.

For more information regarding wheelchair coverage, providers may visit *http://www.cms.hhs.gov/CoverageGenInfo/06_wheelchair.asp#TopOfPage* on the CMS website.