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| <p>Policy Name</p> | <p>Power Mobility Devices (PMDs) = Power Wheelchairs and Power-Operated Vehicles (POVs or Scooters)</p> |
| <p>Summary</p> | <p>This policy will guide DME suppliers and prescribing physicians or treating practitioners in the appropriate documentation required in order for Medica to reimburse for PMDs.</p> <p>Medica will be following CMS clinical guidelines across all products and expects physicians, practitioners and DME suppliers to follow the algorithm noted in the CMS document titled “<i>Clinical Criteria for MAE Coverage</i>”. This document assists in determining if a PMD device is safe, reasonable and necessary or if some other type of DME item, i.e., manual wheelchair, cane, walker, etc., is better suited to the member’s needs. CAVEAT: Medica’s administrative guidelines for timely filing and rent-to-CAP are implemented for all Medica products <i>excluding</i> Medica Advantage SolutionSM, which abides by the CMS published timely filing and rent-to-CAP guidelines.</p> <p>A DME supplier must have proof of a written prescription and receipt of pertinent parts of the member’s medical record within 45 days of a face-to-face examination of the member by a physician or treating practitioner, <u>prior to</u> dispensing the PMD. This documentation must be made available to Medica upon request. If replacement or added accessories are ordered, for a previously owned or rented PMD, then this requirement does not apply.</p> <p>Exception to a separate face-to-face examination is when a member is discharged from the hospital, as long as the prescription is written by a provider who performed face-to-face examinations during the hospital stay. The supplier should receive the written prescription and supporting documentation within 45 days of discharge date and <u>prior to</u> dispensing the PMD.</p> <p>The prescription must include the member’s name, the date of the face-to-face examination, the diagnosis / condition(s) the PMD is required for, description of the item, length of need, physician / treating practitioner’s signature and date the prescription is written.</p> <p>The prescribing physician or treating practitioner is allowed to submit a CPT E/M code <u>and</u> the HCPCS “G” code designated for the additional work required, for the services rendered at the time of the face-to-face examination.</p> |
| <p>Definitions</p> | <p>DME = Durable Medical Equipment</p> |

LCDs = Local Coverage Determinations

MAE = Mobility Assistive Equipment

Physician = MD or DO (Doctor of Osteopathy)

PMD = Power Mobility Device = class of wheelchairs that include power wheelchairs and power-operated vehicles (POVs and scooters) used in a home setting

Power-Operated Vehicle = three or four-wheeled motorized scooter that is operated by a tiller

Power Wheelchair = four-wheeled motorized vehicle whose steering is operated by an electronic device or joystick to control direction and turning

Supporting documentation = documentation from the history, physical exam, diagnostic test(s), summary of findings, diagnoses and treatment plan(s) that clearly demonstrate medical necessity and identify the mobility deficits to be corrected by the PMD (taken from member's medical clinic or hospital chart)

Supplier = durable medical equipment supplier / vendor

Treating Practitioner = Physician Assistant (PA), Nurse Practitioner (NP), or Clinical Nurse Specialist (CNS)

Related Coding Information

G0372 = Physician service required to establish and document the need for a power mobility device (use in addition to primary evaluation and management code)

Related Information

CMS website link for DME LCD criteria for MN, ND, SD, WI = http://www.cms.hhs.gov/mcd/index_lmrp_bystate.asp

Criteria is found in the following LCD policies =

- Power Mobility Devices
- Wheelchair Options/Accessories
- Wheelchair Seating

CMS website link for MAE NCD criteria =

http://www.cms.hhs.gov/mcd/index_list.asp?list_type=ncd#PM

Resources

- Current Procedural Terminology (CPT)
- Center for Medicare and Medicaid Services (CMS)
- Healthcare Common Procedure Coding System (HCPCS)

Effective Date

July 1, 2007

Revision Date



Explanation of Change

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