



POWER MOBILITY DEVICES

Target Audience: Medicare Fee-For-Service Program (also known as Original Medicare)

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Learn about these Power Mobility Device (PMD) topics:

- Background
- Overview
- General coverage criteria
- Working together
- Provider and supplier requirements
- Programs that may affect reimbursement
- Resources

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 the 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 and publishes the results in an annual report. The report helps CMS determine which areas of coverage are most commonly billed or documented incorrectly and create educational materials targeted to those areas.

Improper Payments for PMDs

The latest improper payment rate for PMDs was 46.3 percent, with a projected improper payment amount of \$3.7 million. Most improper payments for PMD claims were due to insufficient documentation and medical necessity errors.

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 COVERAGE CRITERIA

All Power Mobility Devices

A Medicare patient must meet all of these **general coverage criteria** to satisfy PMD medical necessity requirements for all power mobility devices:

- He or she 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
- His or her mobility limitation cannot be sufficiently and safely resolved by using an appropriately fitted cane or walker
- He or she 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

Power Operated Vehicle (POV)/Scooter

A Medicare patient must meet all **general coverage criteria** for PMDs and **all of these criteria** to qualify for specific PMDs (POVs/scooters):

- He or she must be able to do these 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
- His or her mental and physical capabilities are sufficient for safe mobility using a POV in the home
- His or her 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
- His or her home provides adequate access between rooms, maneuvering space, and surfaces for operating the POV
- Using a POV will significantly improve his or her ability to participate in MRADLs, and he or she will use the POV in the home
- He or she has not expressed an unwillingness to use a POV in the home

Power Wheelchair (PWC)

For PWCs, the patient meets all **general coverage criteria** for PMDs and **all of these criteria**:

- He or she does **not** meet the coverage criteria for a POV
- He or she has the mental and physical capabilities to safely operate the PWC or if he or she is unable to safely operate the PWC, has a caregiver who is available, willing, and able to safely operate the PWC (but is unable to adequately propel an optimally configured manual wheelchair)
- His or her 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

- His or her home provides adequate access between rooms, maneuvering space, and surfaces for operating the PWC
- Using a PWC will significantly improve his or her ability to participate in MRADLs, and the patient will use the PWC in the home
- He or she 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.

WORKING TOGETHER

Providers (physicians or non-physician practitioners [NPPs]) and suppliers should work together to ensure that Medicare covers a patient's PMD, as shown by this example:

- The provider conducts a **face-to-face examination** with the patient and sends a **written prescription (known as the 7-element order)** with supporting documentation to the supplier.
- The supplier creates a **detailed product description (DPD)** of the PMD and sends it to the provider.
- The provider **reviews, signs, and dates** the DPD and returns it to the supplier. The supplier then completes a home assessment and delivers the PMD to the patient.

PROVIDER REQUIREMENTS

Medicare allows payment for a PMD only when Medicare-enrolled providers complete all of these requirements:

- Conduct a face-to-face examination with the patient
- Document the examination
- Write a prescription/7-element order for the PMD

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

The MLN Matters® article on [PMD claims ordered by non-authorized providers](#) discusses non-authorized and authorized PMD ordering/referring providers.

Face-to-Face Examination

You must conduct a face-to-face examination with the patient **before** writing the prescription/7-element order for the PMD.

- Evaluate and treat the patient for his or her medical condition(s)
 - Tailor the evaluation to the individual patient's condition(s)
- 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 about this patient:
 1. What is his or her mobility limitation, and how does it interfere with performing activities of daily living (ADLs)?
 2. Why does a cane or walker not meet his or her mobility needs in the home?
 3. Why does a manual wheelchair not meet his or her mobility needs in the home?
 4. Does he or she have the physical and mental abilities to operate a PMD safely in the home?

A face-to-face examination is not required if:

- It 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

Documenting 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 these elements and may include other details:

- 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 he or she can walk without stopping
 - Pace of ambulation
 - What ambulatory assistance is currently used
 - What has changed to require a PMD
 - Ability to stand up from a seated position without assistance
 - Description of the home setting and the ability to perform ADLs in the home
- Document his or her physical examination:
 - Weight and height
 - Cardiopulmonary examination
 - Musculoskeletal examination
 - Neurological examination

- Ensure that the medical record contains enough documentation to support the medical necessity of a PMD in the home:
 - Include reports of pertinent laboratory tests, X-rays, and/or other diagnostic tests related to his or her mobility needs
- Document the decision to prescribe a PMD



Within 45 days, the treating/ordering provider forwards documentation of the face-to-face examination to the PMD supplier.

Many suppliers create PMD documentation template forms to assist with the claim submission process. While you may complete template forms and include them in the patient's chart, they are not a substitute for the comprehensive medical record. Suppliers are prohibited from completing any part of these forms.

Written Prescription/7-Element Order

The treating/ordering provider who completes the patient's face-to-face examination must prepare a written prescription/7-element order. The order must be written **after** face-to-face examination requirements are met, and it must include **all** of these seven elements.

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/ordering provider's signature
7. Date of provider's signature



Within 45 days of completing the face-to-face examination, the treating/ordering provider forwards the completed written prescription/7-element order to the PMD supplier.

SUPPLIER REQUIREMENTS

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

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

In this section, "you" refers to PMD suppliers.



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

Written Prescription/7-Element Order and Documentation of Face-to-Face Examination

- 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 date you received documentation of the patient's face-to-face examination and written prescription/7-element order

Detailed Product Description (DPD)

Use the written prescription/7-element order to determine the appropriate PMD for the patient. After this determination, prepare a written DPD that contains all of this information:

- Patient's name
- PMD item ordered (regardless of the form of the description, it must include sufficient detail to identify the item to determine that it is properly coded)
- Signature of ordering provider
- National Provider Identifier of ordering provider
- Date of the order



The supplier forwards the completed DPD to the treating/ordering provider for him or her to review, sign, date, and return to you. You must receive the signed and dated product description before delivering the PMD to the patient.

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.

- Verify that the patient can adequately maneuver the PMD, considering all of these:
 - 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.

- Ensure that 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 these:
 - Patient's name
 - Delivery address
 - Sufficiently detailed description to identify item 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 these:
 - **All the above-listed criteria**
 - Shipping service's package identification number that links your delivery documents with the shipping service's records
 - Evidence of delivery



You must deliver the prescribed PMD within 120 days of when the patient's face-to-face examination was conducted. If the prescribed PMD is not delivered within 120 days, a new face-to-face examination must be completed to assess the patient for changes in his or her medical condition(s) to determine if the ordered PMD is still appropriate.

PROGRAMS THAT MAY AFFECT REIMBURSEMENT

These programs may affect reimbursement for PMDs.

Prior Authorization of Power Mobility Devices (PMDs) Demonstration

The Medicare FFS [Prior Authorization of PMDs 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.

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

Under the [DMEPOS Competitive Bidding Program](#), DMEPOS suppliers compete to become Medicare contract suppliers by submitting bids to provide certain medical equipment and supplies to patients living in or visiting competitive bidding areas.

National Prior Authorization for Certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Items Program

Under the [National Prior Authorization for Certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\) Items Program](#), as a condition for payment, these two DMEPOS items require prior authorization:

- HCPCS code K0856: Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
- HCPCS code K0861: Power wheelchair, group 3 standards, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds

RESOURCES

PMD Resources

For More Information About...	Resource
Provider Compliance	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html
Complying With Medicare Signature Requirements	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1246723.html
Medicare Claims Processing Manual, Chapter 20, DMEPOS	CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c20.pdf
Medicare Coverage Database	CMS.gov/medicare-coverage-database
MLN Products	Go.cms.gov/MLNProducts
Medicare Program Integrity Manual, Chapter 5 Items and Services Having Special DME Review Considerations	CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c05.pdf
PMD Documentation Requirements (Nationwide)	CMS.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/PMDDocumentationRequirementsNationwide.html
Social Security Act, Title 18, Section 1861 (Policy governing DME)	SSA.gov/OP_Home/ssact/title18/1861.htm
Contact Your Medicare Administrative Contractor	CMS.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/Interactive-Map.html
Medicare Information for Patients	Medicare.gov

Hyperlink Table

Embedded Hyperlink	Complete URL
Comprehensive Error Rate Testing (CERT) Program	https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT
Medicare Coverage Database	https://www.cms.gov/medicare-coverage-database
PMD Claims Ordered by Non-Authorized Providers	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM8239.pdf
Prior Authorization of PMDs Demonstration	https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/PADemo.html
DMEPOS Competitive Bidding Program	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSCompetitiveBid
National Prior Authorization for Certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Items Program	https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/DMEPOS/Prior-Authorization-Process-for-Certain-Durable-Medical-Equipment-Prosthetic-Orthotics-Supplies-Items.html

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