Documentation Checklist for Prior Authorization Request
Certain Power Mobility Devices (PMDs)
(K0856 and K0861)

K0856: Power wheelchair, group 3 std., single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds

K0861: Power wheelchair, group 3 std., multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds

This checklist is for Medicare Durable Medical Equipment (DME) suppliers (or the Medicare patient), referred to as a "requester," who submit prior authorization requests to DME Medicare Administrative Contractors (DME MACs).

The Centers for Medicare & Medicaid Services (CMS) is issuing this checklist solely for educational purposes as a helpful resource that the requester may wish to use to ensure that the prior authorization request includes all relevant documentation required to support Medicare coverage of the item. The checklist assists requesters with ensuring requests are complete and comply with all requirements, prior to submission of the request, in order to help requesters avoid a non-affirmative prior authorization decision.

The use of this checklist is not mandatory and does not ensure a provisionally affirmed decision of the prior authorization request or Medicare payment.

The prior authorization program does not change Medicare durable medical equipment, prosthetic, orthotics, and supplies (DMEPOS) benefit and coverage requirements nor does it create new documentation requirements. The documentation required to be included with a prior authorization request is information that physicians and suppliers are regularly required to maintain. Under the prior authorization process, the requester must submit the request with the required documentation before the claims payment process so that Medicare can make sure all relevant Medicare requirements are met.

A. PRIOR AUTHORIZATION REQUEST COVERSHEET CONTENT
Requesters are encouraged to complete and submit the Prior Authorization Request (PAR) coversheet for the appropriate Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Jurisdiction in order to avoid potential delays in processing.

B. FACE-TO-FACE EXAMINATION		
	Yes	No
1. PAR documentation includes a copy of the face-to-face examination note		
2. The physician or treating practitioner conducted a face-to-face examination of the beneficiary for the purposes of evaluating and treating the beneficiary for his or her medical condition and determining the medical necessity for the PMD		
3. The note has been signed by the physician or treating practitioner *(Note: A signature date is not required, but the date of completion must be evident)*		
4. The note includes the encounter date		
5. The note clearly indicates that a major reason for the visit was a mobility examination		
6. A valid date stamp (or equivalent) documenting the date the supplier received the note from the physician or treating practitioner		
7. The note was received by the supplier within 45 days after completion of the exam (or 45 days after hospital/SNF discharge)		

C. DOCUMENTATION OF THE FACE-TO-FACE EXAMINATION

The record should include relevant information about the following elements (not all-inclusive):

1. History of present condition(s) and past medical history relevant to mobility needs, including:	Yes	No
a) Symptoms that limit ambulation		
b) Diagnoses that are responsible for these symptoms		
c) Medications or other treatment for these symptoms		
d) Progression of ambulation difficulty over time		
e) Other diagnoses that may relate to ambulatory problems		
f) How far the beneficiary can walk without stopping		
g) Pace of ambulation		
h) What ambulatory assistance (cane, walker, wheelchair, caregiver) is currently used		
i) What has changed to now require use of a power mobility device		
j) Ability to stand up from a seated position without assistance		
k) Description of the home setting and the ability to perform activities of daily living in the home		

2. Physical examination that is relevant to mobility needs:	Yes	No
a) Weight and height		
b) Cardiopulmonary examination		
c) Musculoskeletal examination a. Arm and leg strength and range of motion		
d) Neurological examination a. Gait b. Balance and coordination		

Note: The evaluation should be tailored to the individual beneficiary's conditions. The history should paint a picture of the beneficiary's functional abilities and limitations on a typical day. It should contain as much objective data as possible. The physical examination should be focused on the body systems that are responsible for the beneficiary's ambulatory difficulty or impact on the beneficiary's ambulatory ability.

D. 7-ELEMENT ORDER		
	Yes	No
1. PAR documentation includes a written order completed by the physician or treating practitioner who performed the face-to-face examination		
2. The ordering physician is <u>not</u> a Podiatrist or a Chiropractor		
3. The written order contains ALL of the following elements:		
a) Beneficiary's name		
b) The date of the face-to-face examination		
c) The diagnoses and conditions that the PMD is expected to modify		
d) A description of the item *(Note: may be general- e.g., "power mobility device" or "power wheelchair"- or may be more specific)*		
e) The length of need		
f) The physician or treating practitioner's signature		
g) The date the order was written *(Note: The physician or treating practitioner's signature date is sufficient to demonstrate the date the prescription was written)*		
4. The date the order was written is on or after the date of the face-to-face examination		
5. A valid date stamp (or equivalent) documenting the date the supplier received the order from the physician or treating practitioner		
6. The order was received by the supplier within 45 days after the face-to-face examination		

E. DETAILED PRODUCT DESCRIPTION (DPD)		
	Yes	No
1. PAR documentation includes a DPD		
2. DPD contains sufficient detail (narrative description or brand name/model number) to properly identify the item to be dispensed in order to determine correct coding		
3. The DPD was prepared after completion of the face-to-face examination		
4. The DPD was prepared on or after the date that the physician or practitioner signed the 7EO		
5. Signed and dated by the ordering physician or practitioner		
6. A valid date stamp (or equivalent) documenting the supplier receipt date		

F. COVERAGE CRITERIA

Documentation from the medical record to support the beneficiary meets the general coverage criteria to satisfy Power Mobility Device (PMD) and Power Wheelchair (PWC) medical necessity requirements as outlined in Section B(1) and B(2) below:

1. General Coverage Criteria for All PMDs (Includes both K0856 and K0861):

	Yes	No
a) The beneficiary has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs) in the home; **AND**		
b) The beneficiary's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker; **AND**		
c) The beneficiary 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.		

2. General Coverage Criteria for All PWCs (Includes both K0856 and K0861):

	Yes	No
a) The beneficiary has a physical and/or mental limitation that prevents safe use of a POV in the home; **AND**		
b) The beneficiary has the mental and physical capabilities to safely operate the power wheelchair that is provided; **OR**		
c) The beneficiary has a caregiver who is unable to adequately propel an optimally configured manual wheelchair, but is available, willing, and able to safely operate the power wheelchair that is provided; **AND**		
d) The beneficiary's weight is less than or equal to the weight capacity of the PWC that is provided and greater than or equal to 95% of the weight capacity of the next lower weight class PWC; **AND**		
e) The beneficiary's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the power wheelchair that is provided; **AND**		
f) Use of a power wheelchair will significantly improve the beneficiary's ability to participate in MRADLs in the home; **AND**		
g) The beneficiary has not expressed an unwillingness to use a PWC in the home.		

G. ADDITIONAL COVERAGE CRITERIA FOR K0856

Group 3 Single Power Option PWC (K0856)

In addition to coverage criteria outlined in Section B above, documentation from the medical record needs to support that the beneficiary meets the coverage criteria to satisfy the medical necessity requirements for K0856 as outlined below:

	Yes	No
1. Beneficiary's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity; **AND**		
2. Beneficiary requires a drive control interface other than a hand or chin-operated standard proportional joystick (examples include but are not limited to head control, sip and puff, switch control); **OR**		
3. Beneficiary meets coverage criteria for a power tilt **or** a power recline seating system and the system is being used on the wheelchair; **AND**		
4. Beneficiary has had a specialty evaluation, as described in Section I below; **AND**		
5. Wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the beneficiary, as described in Section K below.		

H. ADDITIONAL COVERAGE CRITERIA FOR K0861

Group 3 Multiple Power Option PWC (K0861)

In addition to coverage criteria outlined in Section B above, documentation from the medical record needs to support that the beneficiary meets the coverage criteria to satisfy the medical necessity requirements for K0861 as outlined below:

	Yes	No
1. Beneficiary's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity; **AND**		
2. Beneficiary meets coverage criteria for a power tilt **and** a power recline seating system and the systems are being used on the wheelchair; **OR**		
3. Beneficiary uses a wheelchair mounted ventilator; **AND**		
4. Beneficiary has had a specialty evaluation, as described in Section I below; **AND**		
5. Wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the beneficiary, as described in Section K below.		

Note: Determination of the presence of a mobility deficit will be made by an algorithmic process, Clinical Criteria for Mobility Assistive Equipment (MAE) Coverage, to provide the appropriate MAE to correct the mobility deficit. The MAE algorithm should be used as a documentation resource to help physicians and suppliers establish whether the item is reasonable and necessary.

I. SPECIALTY EVALUATION		
	Yes	No
1. PAR documentation includes a Specialty Evaluation performed by a licensed/certified medical professional (LCMP), such as a physical therapist (PT) or occupational therapist (OT), or practitioner who has specific training and experience in rehabilitation wheelchair evaluations		
2. Documents the medical necessity for the power wheelchair and the specific option/accessory which support medical necessity for the base requested		
3. The Specialty Evaluation was signed by the LCMP		
4. The Specialty Evaluation contains a statement by the physician or treating practitioner indicating concurrence or disagreement that has been both signed and dated		
5. The Specialty Evaluation contains the date of service *(Note: The provider's concurrence signature date is accepted as the date of service)*		
6. A valid date stamp (or equivalent) documenting the receipt date of the Specialty Evaluation by the supplier		

J. FINANCIAL ATTESTATION		
	Yes	No
1. PAR documentation includes a financial attestation stating the LCMP has no financial relationship with the supplier (completed and submitted by either the LCMP or supplier)		
2. Documents the medical necessity for the power wheelchair and the special features which support medical necessity for the base requested		
3. The financial attestation has been signed and dated (by either the LCMP or supplier)		
4. If the financial attestation was completed and submitted by the supplier, the statement includes the name of the LCMP who performed the Specialty Evaluation *(Note: If completed by the LCMP, this requirement does not apply)*		

K. EVIDENCE OF RESNA-CERTIFIED ASSISTIVE TECHNOLOGY PRACTITIONER (ATP) INVOLVEMENT		
	Yes	No
1. PAR documentation includes evidence demonstrating that the supplier's ATP has a current RESNA certification		
2. PAR documentation includes evidence of "direct, in-person involvement" by the supplier's ATP in the selection of the power wheelchair		
Note: The ATP certificate is not specifically required. As long as there is sufficient information in the submission to prove that the ATP was involved and is indeed employed by the supplier, the requirement(s) will be accepted as being met.		