

# **Medicare:** **Power Operated Vehicles (POV) and** **Power WheelChairs (PWCs)**

## **WHAT YOUR DOCTOR NEEDS TO DO**

### 1. FACE TO FACE EXAMINATION REPORT

#### **This is doctor's chart notes**

Can also include documents such as PT/OT seating evaluations, home health notes and discharge notes. THE FACE TO FACE EXAMINATION SHOULD PROVIDE INFORMATION RELATING TO THE FOLLOWING QUESTIONS FOR POVs AND PWCs:

What is the patient's mobility limitation and how does it interfere with the performance of activities of daily living?

Why can't a cane or walker meet this patient's mobility needs in the home?

Why can't a manual wheelchair meet this patient's mobility needs in the home?

FOR POVs: Does this patient have the physical and mental abilities to transfer into a POV and to operate it safely in the home? FOR PWCs: Why can't a POV meet this patient's mobility needs in the home? Does the patient have the physical and mental abilities to operate a power wheelchair safely in the home?

The report should provide pertinent information about the following, but could include other details.

Symptoms

Related diagnoses

History

How long has the patient had this condition

Clinical progression

Interventions that have been tried with what results

Past use of equipment, i.e., walker, manual wheelchair, POV, etc with what results

Physical exam:

Weight

Impairment of strength, range of motion, sensation, and coordination of arms and legs

Presence of abnormal tone or deformity of arms, legs, or trunk

Neck, trunk, and pelvic posture and flexibility

Sitting and standing balance

Functional Assessment

Any problems with transferring between a bed, chair, and PMD including the need to use a cane, walker, or the help of another person

Walking around their home – to the bathroom, kitchen, etc. including the need for above assistance

Provide information on distance walked, speed, and balance

Physicians need to document the examination in a detailed narrative note in their charts as they would for any other entries. This note must clearly indicate that a major reason for the examination was for mobility. They also should provide reports of pertinent laboratory tests, x-rays, and any other diagnostic tests performed in the course of management of the patient. Such tests could be pulmonary function, cardiac stress tests, electromyograms, etc. The patient must have a mobility limitation that significantly impairs his/her ability to participate in one or more **Mobility-Related Activities of Daily Living (MRADLs)** such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home. (although patients who qualify for coverage of a power mobility device may use it outside the home, Medicare coverage is determined solely by the patient's mobility needs within the home. **The doctors examination must clearly distinguish the patient's abilities and needs within the home** from any additional needs for use outside). A mobility limitation is one that:

Prevents the patient from accomplishing an **MRADL** entirely, or  
Places the patient at reasonably determined heightened risk or  
mobility or mortality secondary to the attempts to perform an  
**MRADL**; or Prevents the patient from completing a **MRADL** within a  
reasonable time frame.

The patient's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker.

The patient 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. Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function.

2. A WRITTEN ORDER (PRESCRIPTION): Required within 45 days of the face-to-face physician visit and prior to delivery.

Beneficiary Name

Description of the item that is ordered – may be general or specific

Date of Face to Face Examination

Pertinent diagnosis/conditions that related to the need for the power wheelchair

Length of Need

Physician's Signature

3. The physician must sign and date a supplier prepared detailed product description which lists the specific base (HCPCS code and manufacturer

name/model) and all options and accessories that will be billed separately. The supplier must receive this document back prior to delivery of the equipment.

HCPCS code

Product description (mfr name & model) of base and all options and accessories that will be billed separately

Supplier's Charge

Medicare Fee Schedule or N/A if not allowance is available.

Use (K0108) if there is no HCPCS code assigned

Must be signed and dated by physician

4. SPECIALITY EVALUATION – ONLY WHERE APPLICABLE: The specialty evaluation is required for patients who receive a Group 2 Single Power Option or Multiple Power Options power wheelchair, any Group 3 or Group 4 Power Chair, or a push-rim activated power assist device. This is in addition to the requirement for the face to face examination. The specialty evaluation provides detailed information from a PT/OT explaining why each specific option or accessory, i.e. power seating system, alternate drive control interface, etc., is needed to address the patient's mobility limitation. There must be a written report of this evaluation available upon request. **This is also in doctor's chart notes**