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THIS BULLETIN SHOULD BE SHARED WITH ALL HEALTH CARE PRACTITIONERS AND
MANAGERIAL MEMBERS OF THE PHYSICIAN/SUPPLIER STAFF. BULLETINS ARE AVAILABLE
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FAQ – Power Mobility Devices

Q1. Must the face-to-face order and the detailed product description always be two separate documents in an audit for power mobility devices?

A1. Yes, the seven-element order specified in the Medicare Modernization Act and the detailed product description (DPD) must always be two separate pieces of paper. The seven-element order is a document that is written by the physician after completion of the face-to-face examination. The DPD is a document that is prepared by the supplier and sent to the physician AFTER the supplier receives the seven-element order and the report of the face-to-face examination from the physician

Some suppliers refer to a prescription, given at the time of the initial office visit for a mobility evaluation, as the "face-to-face order." This prescription seems based on the concept of the "dispensing order" that is applicable to other DME items. For Power Mobility Devices (PMDs), a dispensing order is not applicable based upon the statutory requirements for the seven-element order.

Q2. May a supplier format the seven-element order upon receipt of a verbal order for power mobility and have the physician sign and date?

A2. No, a supplier cannot draft a form or template to have the physician date and sign. The physician must write, sign, and date the seven-element order. The supplier can draft instructions about the requirements for the seven-element order to help educate the physician. However, suppliers cannot complete the information required in the order. As described in the previous question, no verbal dispensing orders are acceptable.

Q3. A physician writes an order for "power wheelchair" but the client only qualifies for a scooter. Does the supplier need to get a new order for the scooter or will the home assessment and detailed product description substantiate why the patient received a scooter?

A3. Yes, in the scenario described, the supplier would need to obtain a new seven-element order from the physician. Because the supplier is providing an item that meets Medicare coverage criteria (i.e., a POV), the seven-element order must address this item in order for the item to be covered.

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In the scenario described, if the seven-element order were more general (e.g., "power mobility device"), then a new order would not be required, and the detailed product description would be sufficient to indicate physician agreement with a POV.

Given a different scenario in which the seven-element order indicated a POV and this met the coverage criteria, a new order would not be required if the supplier provided a power wheelchair. In that scenario, the supplier must bill for the power wheelchair using the "upgrade" instructions.

Q4. If Dr. "A" performs a face-to-face assessment and orders a PT/OT evaluation and the PT/OT evaluation is sent back to Dr. A for concurrence but Dr. A is on vacation for two weeks, must we wait for Dr. A to return, or may another physician within the practice sign for the prescribing physician?

A4. If a doctor involved in a practice is on vacation, another doctor within the practice can sign the OT/PT assessment; however, there should be a notation in the patient chart indicating why a different physician is completing the info rather than the prescribing physician.

Q5. Can the supplier facilitate the PT/OT evaluation when the physician faxes the request for PT/OT evaluation to the supplier?

A5. The physician must see the patient prior to writing an order for PMD. The physician should take care of the referral directly. If the supplier receives the PT/OT order, they may pass it along to the physician-selected therapist. The supplier should NOT choose the therapist. In addition, the supplier may not tell the PT/OT what to write in the evaluation.

Q6. If a supplier does an "internal audit" and discovers there is missing patient chart information, may the Physician draft a statement on letterhead or on a script pad and add it to the chart?

A6. No, information must be contained within the patient chart record and cannot be done as an addendum to the medical record at a later point in time due to an internal audit. It is inappropriate to amend or modify the medical record "after the fact."

Q7. If a new PMD is needed after 5 years of use, what documentation must be obtained; must we start the complete process or just obtain a new order?

A7. All new PMD requirements must be met. Many new products are available, the codes have changed, and a patient's functional status must be assessed through a face-to-face evaluation in order to establish need.

Q8. What is reported as the date of the face-to-face examination if the examination involves more than one visit?

A8. The face-to-face examination process may involve more than one visit to one or more clinicians. If so, the date of the face-to-face (FTF) examination that is entered on the seven-element order by the physician is the date of completion of the FTF examination.

The following is a common scenario: A physician sees a patient to begin the FTF examination and then refers the patient to a physical therapist (PT) or occupational therapist (OT) to perform another part of the examination. The physician receives and reviews the report from the PT/OT, indicates agreement or disagreement on the report, and then signs and dates the report. In this scenario, the date that the physician signs and dates the report is considered the date of completion of the FTF examination. That signature date is the date that the physician enters on the seven-element order as the date of the FTF examination, not the original date that the physician initially saw the patient to begin the process.

Q9. Is the "specialty evaluation" that is required for rehab power wheelchairs considered to be part of the face-to-face examination?

A9. No, the "specialty evaluation" that is described in the Power Mobility Devices LCD is considered a separate component in documenting the medical necessity of a rehab power wheelchair (PWC). (A rehab PWC is a Group 2 Single Power Option or Multiple Power Option PWC, a Group 3 or Group 4 PWC, or a push-rim activated power assist device.) The purpose of the FTF examination is to document the medical necessity for either a power-operated vehicle (POV) or a power wheelchair. The purpose of the "specialty evaluation" is to document the medical necessity for a specific rehab-type PWC base and its special features (e.g., power seating system, alternative drive control interface, etc.). In a case in which the physician sees a patient who needs a rehab PWC to begin the face-to-face examination and then refers the patient to a PT/OT to perform another part of the FTF exam, the PT/OT will typically also perform the specialty evaluation during that visit. In this situation, it is acceptable for the PT/OT to include the FTF exam components and the specialty evaluation components on the same report.