

Dear Doctor:

To Prescribe a Power Mobility Device (PMD), Medicare requires (3) three things from you:

1. **Face-to-Face Mobility Examination** (Medicare Requirement, Section 1833e)
2. **Drs. Prescription:** Beneficiary's Name, Beneficiary's Address, Description of the item that is ordered (Power Mobility Device – covers both!, Power Wheelchair or Power Operated Vehicle); Date of the Face-to-Face Examination; All Pertinent Diagnosis/Conditions; Length of Need, Physician's Signature & Date of Physician's Signature
3. Sign Off on the **Detailed Product Description** (DPD) (to be received later from supplier)

The Face-to-Face Mobility Examination is critical: There are 7 **Must-Do Requirements**. If you skip any of the 7, Medicare will not approve the Power Mobility Device (PMD):

1. **We need a copy of your Chart Notes. The Chart Notes have to be in Detailed Narrative Form.** The Chart Notes have to clearly indicate that this Drs. Visit is a Face to Face Mobility Examination to determine if Patient needs a Power Mobility Device (PMD).
2. Functional Limitations is a Must Do, Requirement and must be addressed in the face to face evaluation:

A Mobility limitation is one that prevents the patient from accomplishing one or more Mobility Related Activities of Daily Living (**MRADL**) entirely, or at reasonably determined heightened risk or **within a reasonable time! frame**. MRADLs include toileting, feeding, dressing, grooming and bathing. (Medicare replaced the “Bed or Chair Confined” with “limitations, safely and in a reasonable period.”). The report should Document patient's current ambulatory status when performing MRADLs (toileting, feeding, dressing, grooming and bathing); including: Symptoms, Related Diagnosis, History, Progression, Hospital Notes, Home Health Records, Physical Exam (weight, impairment, range of motion, abnormalities, deformities, posture and flexibility and balance), Functional Assessment, General Systems (cognition, judgment and vision).

3. Must Do, Requirement: Please Narrative Note, why the patient's mobility limitation cannot be sufficiently and safely resolved by the use of a cane or walker.
4. Must Do, Requirement: Please Narrative Note, why the patient's mobility limitation cannot be resolved by a manual wheelchair. (Limitations of strength, endurance, range of motion, coordination, pain or deformity are relevant to the assessment of upper extremity function).
5. Now, the Doctor has to determine what Power Mobility Device (PMD) is recommended: Either the Power Wheelchair or Electric Scooter/Power Operated Vehicle (POV). If the Physician agrees that the Patient needs an Power Wheelchair, than the Doctor Must Do, Requirement Please Narrative Note how an Electric Scooter is not conducive to Safety, Positioning, Mental and Physical Operation and Transferring (an Electric Scooter (POV) requires a lot more strength, health and coordination.)
6. Otherwise, if the Doctor is recommending the Electric Scooter/Power Operated Vehicle (POV) then the Doctor must **Narrative Note** that the Electric Scooter is conducive to Safety, Positioning, Mental and Physical Operation and Transferring.
7. Likewise, if the Doctor is recommending the Power Wheelchair the Doctor must **Narrative Note** how a Power Wheelchair is conducive to Safety, Positioning, Mental and Physical Operation and Transferring. (**Again, the Physician must rule out the Cane or Walker; Manual Wheelchair; and Electric Scooter (POV) to prescribe the Power Wheelchair – or Medicare will not pay for the Power Chair!**)

Note: The Physician is entitled to a new add-on payment for conducting the Face-to-Face Mobility Examination, code G0372.

Any questions, please call **Delores Keller at 818 591 2770 or fax 818 591 8589**
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