

# Miller's

Sales • Rental • Service

January, 2004

Client: \_\_\_\_\_

Reference: POWERED MOBILITY REQUEST



To Our Medical Professional Partner:

You or your patient has made a power mobility equipment request to Miller's to assist in furthering their independence and improving mobility and function. Miller's conducts a simple call-in prescreening to assist the customer in reviewing stringent Medicare guidelines before proceeding to the required physician eligibility, Miller's evaluation and justification. If verbal prescreening indicates reasonable cause to proceed, we then provide this information to assist with the process.

## IMPORTANT INFORMATION: MEDICARE UPDATE

In a joint release by the Centers for Medicare and Medicare Services (CMS) and the Office of the Inspector General (OIG) on December 11, 2003, the Department of Health and Human Services announced an initiative to address the explosive growth of Medicare payments for power wheelchairs. Two of the points in this initiative are a clarification of the Local Medical Review Policy for Power Wheelchairs and the adoption of a consistent approach to medical review of power wheelchair claims by all four DMERCs. CMS press releases and complete policy may be found at [www.millers.com/cms.htm](http://www.millers.com/cms.htm)

Miller's supports CMS and the DMERCs in their efforts to remedy the inappropriate provision of power wheelchairs. It is for that reason Miller's has developed this document to aid in the process of:

- Determining if the patient is ELIGIBLE for a power wheelchair, and;
- DOCUMENTATION to provide a power wheelchair.

Sincerely,

Miller's

A handwritten signature in black ink that reads "John J. Miller".

John J. Miller  
President



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## Eligibility

**This may be used by the Patient/Physician/Therapist for Medicare “Eligibility” screening for powered mobility. Document the results in the patient’s medical record.**

1. This is a face to face screening of (Patient Name)  
Required Documentation: Patient visit to the Physician where the need for Powered Mobility is discussed.

### *Document Responses in Medical Records*

2. (Patient Name) is bed or chair confined.  
Required Documentation: Looking for specifics; for example, the nature of restrictions on “Activities of Daily Living”.

### *Document Responses in Medical Records*

3. Yes, (Patient Name) is non-ambulatory as defined by Medicare guidelines.  
Required Documentation: The patient can not independently walk or effectively walk with an ambulatory aid, and the distance he or she can walk with the assistance an ambulatory aid.

### *Document Responses in Medical Records*

4. Yes, (Patient Name) is unable to propel a manual chair.  
Required Documentation: The patient’s inability to propel a manual chair, outcome, and the patient’s ability to safely operate the controls of a power wheelchair.

### *Document Responses in Medical Records*

5. Yes, (Patient Name) has severe weakness of the upper extremities.  
Required Documentation: Strength and function of the upper and lower extremities (including tone, range of motion limitations, etc.) and the diagnosis that is associated with patient’s limitations.

### *Document Responses in Medical Records*

If the existing wheelchair is less than five years old and is being replaced, then:

6. Yes, (Patient Name) has experienced a significant change in their medical condition.  
Required Documentation: What has changed?

### *Document Responses in Medical Records*

## Documentation with Policy

All the information, outlined below, is required to document the Medical Necessity for Powered Mobility.

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### **DMERC Powered Wheelchair CMN “Certificate of Medical necessity” HCFA form 843.**

Provided by: Miller’s for Physician completion and signature

*CMS/DMERC Policy: All claims for power wheelchairs must continue to include a Certificate of Medical Necessity (CMN). However, CMNs have never provided all of the information required to document that the coverage criteria for power wheelchairs have been met. Rather, they serve as medical review screening tools that allow the DMERCs to review some but not all of the coverage criteria for a particular item through automated edits.*

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### **Copy of Medical Records documenting questions 1 through 6 as outlined under ELIGIBILITY.**

Provided by: Completion by Physician and attached to CMN

*CMS/DMERC Policy: Physician notes from the office. Eligibility evaluations that are used to document coverage must have been performed and recorded prior to the delivery of the power wheelchair. If the relevant portions of the patient’s medical record are not provided, the claim will be denied as not medically necessary.*

AND/OR

Provided by: Physician Referral

*CMS/DMERC Policy: For purposes of documentation of Medical Necessity the patient’s medical record consists of some or all of the following:*

- *Non-physician clinician notes from the physician’s office by PA, NP, or CNS.*
- *Non-physician clinician notes from inpatient or outpatient hospital, nursing home, or Medicare-covered home health agency visit;*
- *Non-physician clinician (e.g., physical therapist or occupational therapist) evaluations that meet all of the following criteria:*
  - *Performed on referral from the treating physician; and,*
  - *Performed “in person” and not conducted by telephone; and*
  - *Performed by a Medicare provider or employee of a Medicare provider; and, Clinicians are not employees of or otherwise paid by the wheelchair supplier.*

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### **Supplementary Information**

Provided by: Miller’s to include line item justification

*CMS/DMERC Policy: Other types of information are not sufficient by themselves to document that the coverage criteria have been met, even if they are signed or initialed by the treating physician. That is because they are not considered to be part of the patient’s medical record. However, the supplementary information that they contain will be given consideration if it is corroborated by the medical record. This applies to documents created either before or after delivery of the power wheelchair. Some examples, not all-inclusive, of these type documents are:*

- *Evaluations performed by PTs, OTs, or other individuals employed by or otherwise paid by the supplier;*
- *Forms (either narrative or check-off) devised by the supplier and completed by the physician;*
- *Summaries of the patient’s medical condition prepared by the supplier or physician;*
- *Forms (either narrative or check-off) developed by suppliers and completed by the patient or caregiver.*

## Eligibility with Policy

**This may be used by the Patient/Physician/Therapist for Medicare “Eligibility” screening for powered mobility. Document the results in the patient’s medical record.**

1. Yes this is a face to face screening of (Patient Name)

Required Documentation: Patient visit to the Physician where the need for Powered Mobility is discussed.

*CMS/DMERC Policy: A provision in the Medicare bill that was just signed specified a requirement for a “face-to-face examination of the individual” by a physician, PA, NP, or CNS as well as a “written prescription” for the item. Other than the CMN, there is no requirement that the documentation be received on any specific form.*

2. Yes, (Patient Name) is bed or chair confined.

Required Documentation: Looking for specifics; for example, the nature of restrictions on “Activities of Daily Living”.

*CMS/DMERC Policy: Basic wheelchair coverage for manual or power “if the patient’s condition is such that without the use of a wheelchair he would otherwise be bed or chair confined.”*

3. Yes, (Patient Name) is non-ambulatory as defined by Medicare guidelines.

Required Documentation: The patient can not independently walk or effectively walk with an ambulatory aid, and the distance he or she can walk with the assistance an ambulatory aid.

*CMS/DMERC Policy: Power wheelchairs or POVs are covered only for patients who are non-ambulatory. If a patient can bear weight to transfer from a bed to a chair or wheelchair, the patient is considered non-ambulatory. However, if the patient is able to walk either without any assistance or with the assistance of an ambulatory aid, such as a walker, the power wheelchair is denied as not medically necessary — -i.e.: anyone who can walk any number of steps on their own or with the assistance of a walker.*

4. Yes, (Patient Name) is unable to propel a manual chair.

Required Documentation: The patient’s inability to propel a manual chair, outcome, and the patient’s ability to safely operate the controls of a power wheelchair.

*CMS/DMERC Policy: If the patient is non-ambulatory and qualifies for a wheelchair, a power wheelchair or power operated vehicle (POV) is covered only if the patient is unable to self-propel a manual wheelchair within their home. Medicare coverage of durable medical equipment is limited to items that are necessary for use within the home. Although a power wheelchair may be useful to allow the beneficiary to move extended distances, especially outside the home, Medicare statute and national policy do not currently provide coverage for those uses.*

5. Yes, (Patient Name) has severe weakness of the upper extremities.

Required Documentation: Strength and function of the upper and lower extremities (including tone, range of motion limitations, etc.) and the diagnosis that is associated with patient’s limitations.

*CMS/DMERC Policy: A patient who requires a power wheelchair has severe weakness of the upper extremities due to a neurological or muscular disease/condition. Patients with definite neurological conditions such as spinal cord injury, cerebral palsy, multiple sclerosis, or stroke with residual dense hemiplegia (not all-inclusive) usually qualify for coverage of a power wheelchair if they have paralysis or severe weakness of their arms and legs. Patients whose diagnoses are limited to non-neurological conditions such as COPD, congestive heart failure, coronary artery disease, arthritis, or obesity (not all-inclusive) rarely qualify for coverage of either a power wheelchair or a POV.*

If the existing wheelchair is less than five years old and is being replaced, then:

6. Yes, (Patient Name) has experienced a significant change in their medical condition.

Required Documentation: What has changed?

*CMS/DMERC Policy: If the power wheelchair is being provided to a patient who has received a Medicare-covered manual or power wheelchair within the past five years, the DMERC’s will need information from the patient’s medical record that documents that there has been a significant change in the patient’s medical condition that necessitates the different type of equipment.*