

## **New Medicare Power Wheelchair Regulations** **Effective June 5, 2006 Include Physician Billing Code**

CMS (Centers for Medicare and Medicaid Services) has recently published a Final Rule on “Conditions for Payment of Power Mobility Devices (PMD), Including Power Wheelchairs and Power-Operated Vehicles.” The Final Rule sets forth revised conditions for Medicare payment of PMDs and defines who may prescribe a PMD. This rule also requires a face-to-face examination of the beneficiary by the physician or treating practitioner, a written prescription, and receipt of pertinent parts of the medical record by the supplier within 45 days after the face-to-face examination. The Final Rule was effective June 5, 2006.

CMS recognizes that preparing the written prescription and submitting medical records to the DME supplier requires additional physician work and resources and as a result has established an add-on G Code - G0372 \$21.60. The prescribing physician may submit a claim for payment for the add-on G code in addition to the E&M code for the examination.

Final Rule provisions/definitions include:

- Power Mobility Device (PMD) Prescription – Must be in writing, signed and dated by the physician or treating practitioner who performed the face-to-face examination and received by the supplier within 45 days after the face-to-face examination. The term prescription is defined as a written order that must include
  - beneficiary’s name
  - date of the face-to-face examination
  - diagnoses
  - conditions that the PMD is expected to modify
  - description of the item
  - length of need
  - physician or treating practitioner’s signature
  - date the prescription is written.
- The physician must provide to the supplier supporting documentation which will include pertinent parts of the medical record that clearly support the medical necessity for the Power Mobility Device (PMD) in the patient’s home. These may include the history, physical examination, diagnostic tests, summary of findings, diagnoses, and treatment plans. The medical record should identify the mobility deficits to be corrected by the PMD; and document that other treatments do not obviate the need of the PMD, and that the beneficiary lives in an environment that supports the use of the PMD. *See more detailed information about medical records on page 3 of this newsletter.*
- The supplier must obtain the prescription and supporting documentation prior to dispensing the PMD.

Information provided by:

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