



Medicare and Mobility Assistive Equipment

An Algorithmic Approach to Determine if Mobility Assistive Equipment is Reasonable & Necessary for Medicare Beneficiaries with a Personal Mobility Deficit

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Today's Presentation Will.....

- Explain how to meet the new Medicare requirements for Mobility Assistive Equipment by:
 - Introducing the nine steps of the Medicare Mobility Algorithm
 - Introducing new forms that will help you document your patient's need for MAE
 - Introducing the overall philosophy change that puts the Physician in the “driver's” seat

The logo for Miller's, featuring the word "Miller's" in a bold, green, stylized font with a white outline and a slight shadow effect.

Additional Physician Billing Code

- Paperwork Fee

New G Code

“Due to the MMA requirement that the physician or treating practitioner create a written prescription and a regulatory requirement that the physician or treating practitioner prepare pertinent parts of the medical record for submission to the durable medical equipment supplier, the Centers for Medicare & Medicaid Services (CMS) has established the new G Code (G0372), to recognize additional physician services and resources required to establish and document the need for a PMD.

...therefore, the payment amount for G0372 for 2005 will be \$21.60, adjusted by the geographic area where the services is provided, and based on the physician fee schedule values for a level 1 established patient office visit (CPT 99211).”



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Decision Memo for Mobility Assistive Equipment (CAG-00274N)

Decision Summary

The Centers for Medicare and Medicaid Services (CMS) has determined the following:

CMS finds that the evidence is adequate to determine that mobility assistive equipment (MAE) is reasonable and necessary for beneficiaries who have a personal mobility deficit sufficient to impair their participation in mobility-related activities of daily living such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home. Determination of the presence of a mobility deficit will use an algorithmic process, as outlined in Appendix A: Clinical Criteria for MAE Coverage, to provide the appropriate MAE to correct the mobility deficit.

Therefore, with this decision, CMS will modify the Medicare National Coverage Determination Manual and replace the coverage indications for canes (section 280.1), crutches (section 280.1), mobile geriatric chairs (section 280.1), motorized wheelchairs (section 280.1), quad-canes (section 280.1), rolling chairs (section 280.1), safety rollers (section 280.5), walkers (section 280.1), manual wheelchairs (section 280.1), power operated wheelchairs (section 280.1), specially sized wheelchairs (section 280.3), power operated vehicles (section 280.9) with the clinical conditions for MAE coverage specified in the newly revised section 280.3. For rolling chairs, CMS will maintain the coverage limitations on caster size.

<http://new.cms.hhs.gov/> Internet

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Before We Start...New Acronyms: MAE “Mobility Assistive Equipment”

- Canes
- Crutches
- Walkers
- Manual Wheelchairs
 - Power Operated Vehicles (POV), “scooters”
- Power Wheelchairs

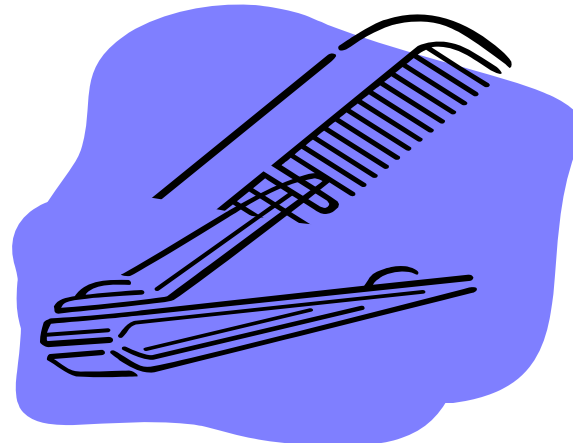


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New Acronyms (cont'd)

MRADL “Mobility Related Activities of Daily Living”

- Feeding
- Toileting
- Grooming
- Bathing
- Dressing



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New Acronyms (cont'd)

- NCD: National Coverage Determination
- Algorithm: 9 sequential evaluation questions
- IFR: Interim Final Rule
- PMD: Power Mobility Device
- FTF: Face to Face required under IFR (Power only)
- LCD: Local Coverage Determination (DMERCs)
- Policy Article: DMERC Supporting information
- CMNs for manual and power wheelchairs and scooters.....



Certificates of Medical Necessity

**No more CMNs for
manual or power
wheelchairs or
scooters!!**



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Certificates of Medical Necessity (cont'd)

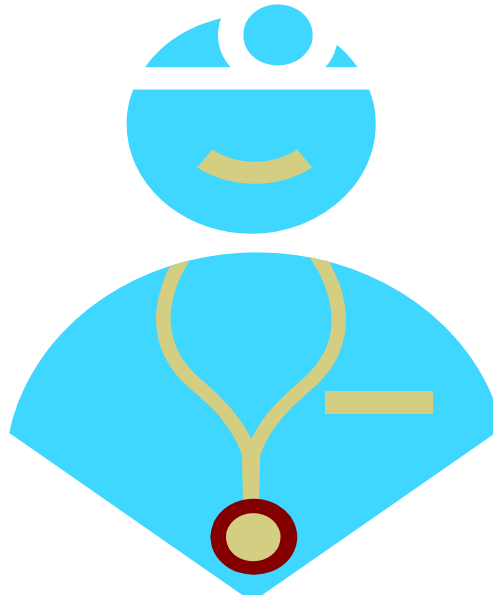
CAUTION!!

**Not all CMNs have been eliminated. At this time
CMNs are still required for:**

- ✓ **Oxygen**
- ✓ **Hospital Beds**
- ✓ **TENS Units**
- ✓ **Enteral and Parenteral Nutrition**
- ✓ **Seat Lift chairs**

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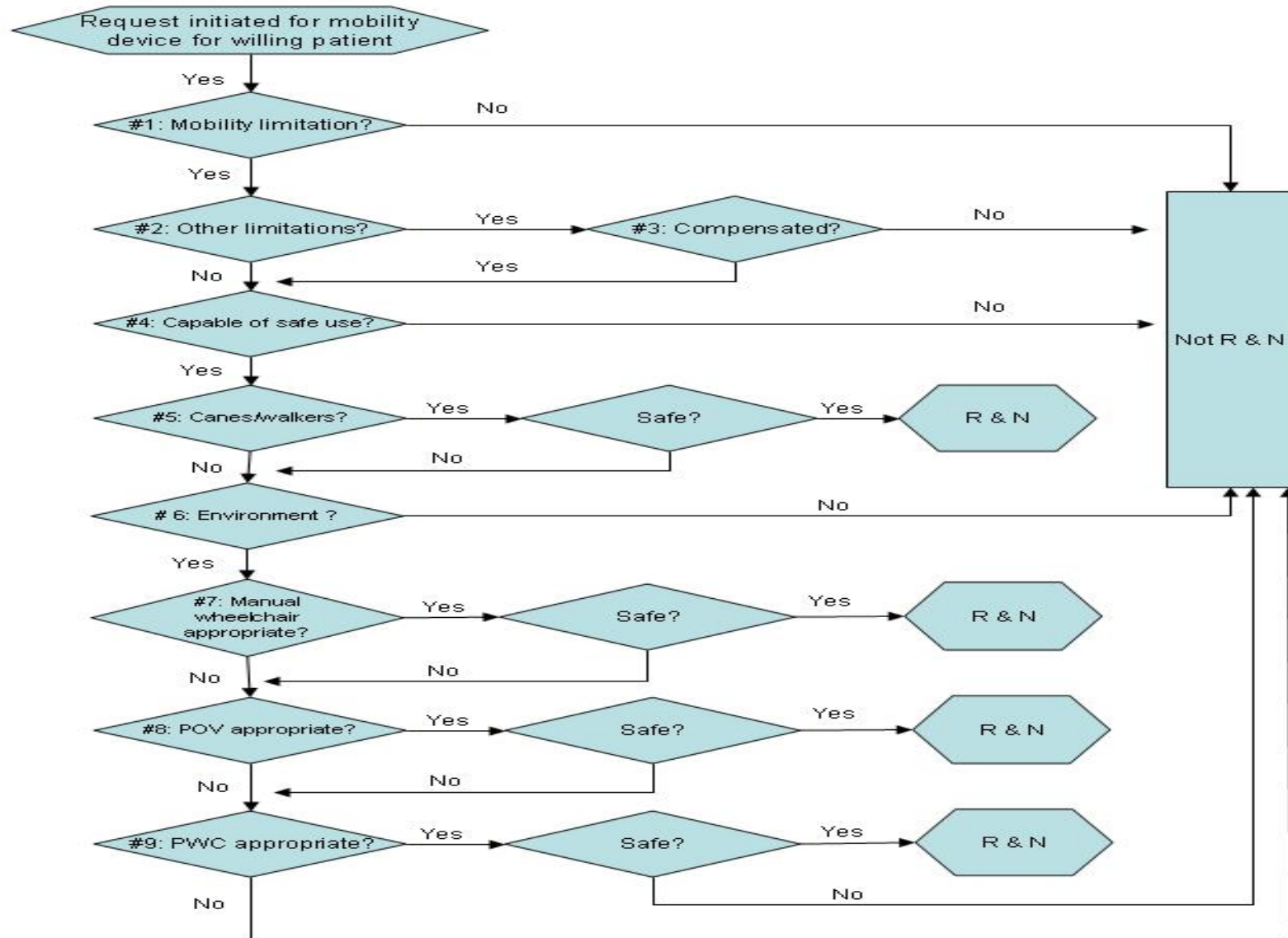
Algorithm Supports Need for MAE



- New justification methodology
- Doctor is in control

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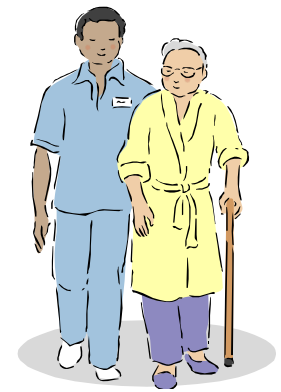
Clinical Criteria for MAE Coverage



Algorithm Step 1

#1. Does patient have limitations of mobility that impair ability to participate in MRADLs either:

- A. Entirely limited; or,
- B. Can accomplish but with risk to safety; or,
- C. Can accomplish but not within reasonable time



DOCUMENT:

Either A, B or C above, PLUS any limiting symptoms such as dyspnea, weakness, fatigue, pain, imbalance, past history of falls or potential for falls.

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Algorithm Steps 2 & 3

#2 Are there other conditions (cognitive or sensory deficits-awareness, judgment, vision) that limit the patient's ability to participate in MRADLs?

YES

NO

If **NO**, skip #3 and go to #4.



#3 If **YES**, can other conditions be offset by assistance of caregiver (i.e., caregiver pushing wheelchair)?

YES

NO

If **NO**, Medicare will not cover, **STOP!**

If **YES**, go to step #5.

DOCUMENT:

Any impairments requiring caregiver assistance for mobility.

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Algorithm Step 4

#4. Does the patient and/or caregiver demonstrate ability and willingness to operate MAE safely?

If **YES**, move on to Step 5.

If **NO, STOP!!** Medicare will not cover.



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Algorithm Step 5

#5. Will cane or walker allow patient to participate in MRADLs safely and in timely manner?

YES

If YES, **STOP** & Order cane, crutch or walker.

If **NO**, move to step 6.

NO



DOCUMENT:

If **NO**, describe symptoms preventing use of this type of equipment, including safety-related issues such as history of, or potential for, falls or environmental barriers (i.e., thick carpet, high thresholds). Be specific.

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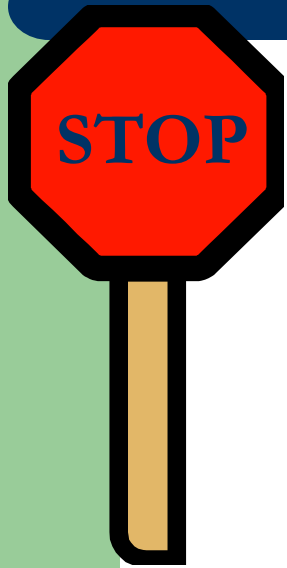
Algorithm Step 6: Home Eval

- #6: Home Assessment
- Miller's or Clinician
- Manual (phone) & Power (on-site) Wheelchairs



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Algorithm Step 7



#7: Considering manual wheelchair, does patient have sufficient upper extremity and/or lower extremity strength or endurance necessary to self-propel optimally configured manual wheelchair?

YES

NO

If **YES**, **STOP** & Order manual wheelchair.

DOCUMENT:

If **NO**, describe symptoms preventing use of manual wheelchair.

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Algorithm Step 8

#8: Scooter use requires patient to have sufficient trunk strength, hand grip & upper extremity function, balance to sit upright, requires ability to stand & pivot & typically requires more space in home to maneuver. Given these requirements, in your assessment of patient & living environment, is scooter appropriate?

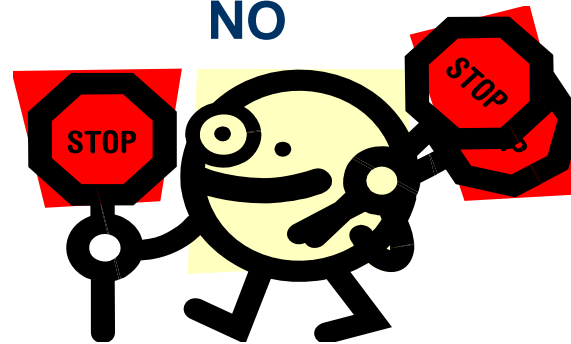
YES

If **YES**, **STOP** & Order scooter.

DOCUMENT:

If **NO**, describe reason why scooter is not appropriate device. Be specific.

NO



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Algorithm Step 9

#9: Considering power wheelchair, does patient have functional ability to consistently access a drive control & cognition, judgment & visual ability to safely operate power wheelchair to participate in MRADLs within home?

YES

NO

If **YES**, **STOP** & Order power wheelchair.

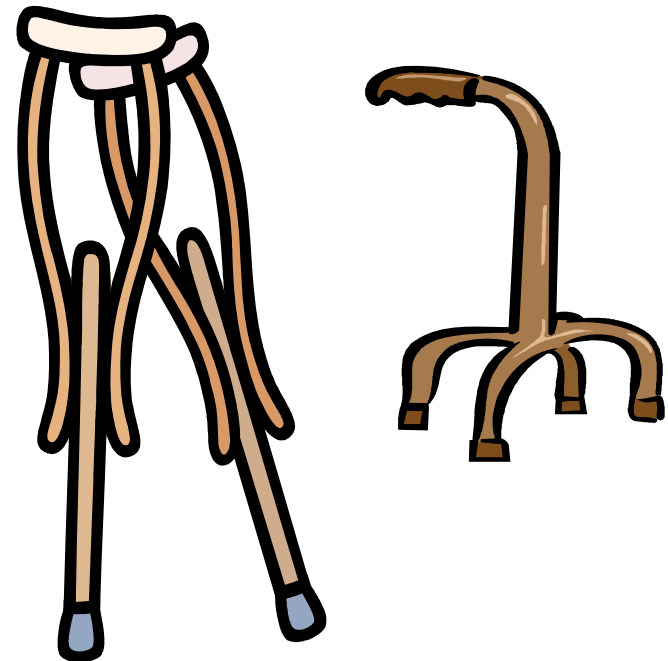
If **NO**, consider device operated by caregiver (i.e., manual wheelchair).



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What Documentation is Required for MAE??

- For Canes Crutches and Walkers:
- Prescription
- Supporting chart notes
- **NO** home assessment
- Face to Face **NOT** required



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What Documentation is Required for Manual Wheelchairs?

- Prescription
- Chart notes with supporting medical documentation
- Home assessment by phone
- Face to Face **NOT** required



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Manual Wheelchairs

- Patient must have mobility limitation that significantly impairs ability to participate in one or more MRADLs within the home
- Mobility limitation
 1. Cannot perform entirely
 2. Placed at reasonable determined risk of morbidity or mortality attempting to complete MRADL
 3. Prevents patient from completing MRADL in reasonable amount of time



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Manual Wheelchairs

- Mobility limitation can't be resolved by cane or walker
- Chair will fit & function within the home
- Chair will significantly improve patient's ability to participate in MRADLs
- Patient will use chair in home



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Manual Wheelchairs

- Patient has sufficient upper extremity function & other physical & mental capabilities needed to safely self-propel within the home

OR...

- Patient has caregiver who is available, willing & able to provide assistance with chair



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What Documentation is Required for Power Mobility Devices



1. PMD Functional Mobility Eval (Doc or Doc & PT/OT signed)
2. Complete F2F Rx (Doc signed)
3. Doc's chart notes from Face to Face
4. Home Eval (Miller's &/or Clinician signed) by delivery

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Documentation is Required for PMD

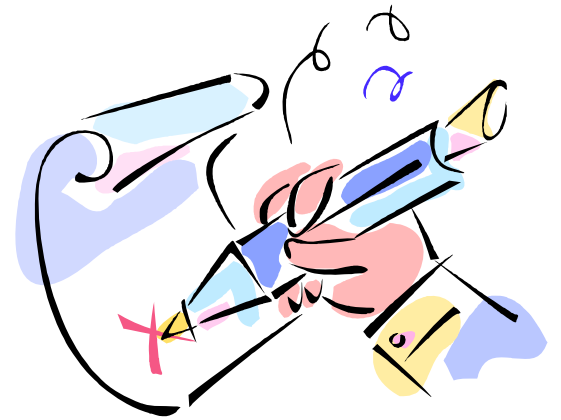
- All items except for home evaluation must be received by us within 45 days of face to face **OR**
- ✓ Within 45 days of physician sign off on PT/OT eval **OR**
 - ✓ Within 45 days of discharge if patient has been in the hospital.



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Seven Points on F2F Power Chair Order

1. Beneficiary Name
2. Item Description
3. Date of Face to Face
(Power only)
4. Diagnosis or conditions
related to need
5. Length of Need
6. Physician Signature
7. Date of Signature



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Power Wheelchairs

- Patient does not have sufficient upper extremity function to propel an optimally configured manual chair

AND...

- POV does not fit in home, or can't operate one

AND...

- Can safely operate, or someone can help



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