

GUIDELINES FOR ELECTRIC SCOOTERS

FACE-TO-FACE EXAMINATION:

The report of the face-to-face examination (see Policy Article) should provide information relating to the following questions.

For POVs	What is this beneficiary's mobility limitation and how does it interfere with the performance of activities of daily living?
For POVs	Why can't a cane or walker meet this beneficiary's mobility needs in the home?
For POVs	Why can't a manual wheelchair meet this beneficiary's mobility needs in the home?

The report should provide pertinent information about the following elements, but may include other details.

- History of the present condition(s) and past medical history that is relevant to mobility needs
 - Symptoms that limit ambulation
 - Diagnoses that are responsible for these symptoms
 - Medications or other treatment for these symptoms
 - Progression of ambulation difficulty over time
 - Other diagnoses that may relate to ambulatory problems
 - How far the beneficiary can walk without stopping
 - Pace of ambulation
 - What ambulatory assistance (cane, walker, wheelchair, caregiver) is currently used
 - What has changed to now require use of a power mobility device
 - Ability to stand up from a seated position without assistance
 - Description of the home setting and the ability to perform activities of daily living in the home
- Physical examination that is relevant to mobility needs
 - Weight and height
 - Cardiopulmonary examination
 - Musculoskeletal examination
 - Arm and leg strength and range of motion
 - Neurological examination
 - Gait
 - Balance and coordination

The evaluation should be tailored to the individual beneficiary's conditions. The history should paint a picture of the beneficiary's functional abilities and limitations on a typical day. It should contain as much objective data as possible. The physical examination should be focused on the body systems that are responsible for the beneficiary's ambulatory difficulty or impact on the beneficiary's ambulatory ability.

Physicians shall document the examination in a detailed narrative note in their charts in the format that they use for other entries. The note must clearly indicate that a major reason for the visit was a mobility examination.

Although beneficiaries who qualify for coverage of a power mobility device may use that device outside the home, because Medicare's coverage of a wheelchair or POV is determined solely by the beneficiary's mobility needs within the home, the examination must clearly distinguish the beneficiary's abilities and needs within the home from any additional needs for use outside the home.

GENERAL COVERAGE CRITERIA:

All of the following basic criteria (A-C) must be met for a power mobility device (K0800-K0898) to be covered. Additional coverage criteria for specific devices are listed below.

- A. The beneficiary has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home. A mobility limitation is one that:
 - o Prevents the beneficiary from accomplishing an MRADL entirely, or
 - o Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; or
 - o Prevents the beneficiary from completing an MRADL within a reasonable time frame.
- B. The beneficiary's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker.
- C. The beneficiary does not have sufficient upper extremity function to self-propel an optimally-configured manual wheelchair in the home to perform MRADLs during a typical day.
 - o Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function.
 - o An optimally-configured manual wheelchair is one with an appropriate wheelbase, device weight, seating options, and other appropriate nonpowered accessories.

POWER OPERATED VEHICLES (K0800-K0808, K0812):

A POV is covered if all of the basic coverage criteria (A-C) have been met and if criteria D-I are also met.

- D. The beneficiary is able to:
 - o Safely transfer to and from a POV, and
 - o Operate the tiller steering system, and
 - o Maintain postural stability and position while operating the POV in the home.
- E. The beneficiary's mental capabilities (e.g., cognition, judgment) and physical capabilities (e.g., vision) are sufficient for safe mobility using a POV in the home.
- F. The beneficiary's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the POV that is provided.
- G. The beneficiary's weight is less than or equal to the weight capacity of the POV that is provided and greater than or equal to 95% of the weight capacity of the next lower weight class POV – i.e., a Heavy Duty POV is covered for a beneficiary weighing 285 – 450 pounds; a Very Heavy Duty POV is covered for a beneficiary weighing 428 – 600 pounds.
- H. Use of a POV will significantly improve the beneficiary's ability to participate in MRADLs and the beneficiary will use it in the home.
- I. The beneficiary has not expressed an unwillingness to use a POV in the home.

If a POV will be used inside the home and coverage criteria A-I are not met, it will be denied as not reasonable and necessary.

7 Element Orders (PRESCRIPTION)

The order, referred to as the 7-element order, that the supplier must receive within 45 days after completion of the face-to-face examination (see Policy Article) must contain all of the following elements:

1. Beneficiary's name
2. Description of the item that is ordered. This may be general – e.g., "power operated vehicle", "power wheelchair", or "power mobility device"– or may be more specific.
3. Date of the face-to-face examination
4. Pertinent diagnoses/conditions that relate to the need for the POV or power wheelchair
5. Length of need
6. Physician's signature
7. Date of physician signature

The treating physician completing the face-to-face requirements must write the 7-element order. The 7-element order may only be written after the completion of the face-to-face exam requirements.

HOME ASSESSMENT:

Prior to or at the time of delivery of a POV, the supplier must perform an on-site evaluation of the beneficiary's home to verify that the beneficiary can adequately maneuver the device that is provided considering physical layout, doorway width, doorway thresholds, and surfaces. There must be a written report of this evaluation available on request.

For a POV to be covered, the supplier must receive from the treating physician a written order, termed the 7-element order, containing all the elements specified in the Documentation Requirements section of the Local Coverage Determination within 45 days after completion of the physician's face-to-face examination and prior to delivery of the device. (Exception: If the examination is performed during a hospital or nursing home stay, the supplier must receive the order within 45 days after discharge.) If these requirements are not met, the claim will be denied as noncovered.

A POWER MOBILITY device may not be ordered by a podiatrist. If it is, it will be denied as noncovered.

If any POV or PWC is only for use outside the home, it will be denied as noncovered.