

Guidelines for Medicare Wheelchairs

STEP 1: Schedule a Face-To-Face Examination with the physician to discuss mobility options. During the exam, the physician must rule out a cane, walker and manual wheelchair before considering a power wheelchair or scooter. This appointment must be written in detail in the physician's chart notes. It must state why the patient came in (specifically to discuss a wheelchair) and the patient's condition/diagnosis that justifies the wheelchair. Additionally, medical records must support the need for a power wheelchair or scooter.

STEP 2: The physician must write a prescription for the power wheelchair or scooter. The prescription must contain the following:

1. Patient's name
2. Prescription date
3. Date of the actual face-to face appointment (noted separately)
4. Diagnosis for the wheelchair or scooter
5. Type of wheelchair or scooter being requested (this can be general)
6. Length of need
7. Doctor's signature (a signature stamp is not accepted)

STEP 3: A Seating & Positioning Specialist meets with the Therapist and patient to evaluate the patient for the appropriate equipment. The Therapist must then write a detailed Letter of Medical Necessity to justify the wheelchair or scooter and any additional components. The letter should address Mobility Related Activities of Daily Living (MRADLs). Medicare now looks for information on your patient's limitations in performing one or more of these activities in the home, and then you will need to rule out your patient's ability to use equipment, beginning with a cane and moving up to a power wheelchair. In order for a power wheelchair or scooter to be covered, the patient must be able to safely transfer to and from the equipment, operate the tiller steering system, and maintain postural stability and position while operating the equipment in the home. The patient must have the mental capabilities (e.g. cognition, judgment) and physical capabilities (e.g. vision) to safely operate a power wheelchair or scooter in the home. Additionally, the Seating & Positioning Specialist will perform a home assessment to determine adequate access between rooms, maneuvering space, and surfaces for the operation of the equipment being selected.

****All original paperwork for steps 1-3 must be received in the Reflection Medical office within 45 days of the face-to-face examination.***

STEP 4: "A Detailed Product Description" form along with the Letter of Medical Necessity will be sent to the patient's physician for his/her signature.

The Detailed Product Description Form lists the specific base (HCPCS code and manufacturer name/model) and all options and accessories that will be separately billed, the charges and Medicare fee schedule for each item. Also, a copy of the Letter of Medical Necessity, which was completed by the therapist, will be sent for the physician to indicate concurrence or disagreement with the assessment by his/her signature. Copies of the physician's progress notes, hospital notes, home health records or PT/OT notes that support the need for a power wheelchair or scooter need to be included with the above documentation and returned to Reflection Medical, Inc.

STEP 5: The power wheelchair or scooter will either be sent for pre-determination of benefits or will be ordered at this point. The patient's insurance coverage and financial obligation (co-payments) will be discussed. Once the equipment has been authorized it is ordered and then delivered to the patient's home. Instructions will be given to the patient on how to safely operate the power wheelchair or scooter and care for the equipment. Delivery of the power wheelchair or scooter must take place within 120 days following the face to face examination or Medicare authorization.