

Good Template physician cover sheet for MAE (Mobility Assistive Equipment)

Dear Dr. _____

RE: Mobility Assistive Equipment

As you may be aware, on May 5, 2005 CMS issued a memorandum relating to Mobility Assistive Equipment (MAE) such as canes, walkers, manual wheelchairs, scooters and power wheelchairs. This letter addresses only POVs and power wheelchairs – which are described by the term power mobility devices (PMDs).

On or after 10/25/2005 for all power mobility devices a face to face examination by the ordering practitioner is required. Medicare will reimburse you for the actual face to face billed under the E & M code of 99211 as well as a new G code (G0372) - allowed amount of approximately \$21.60 according to your state. During the face to face there are several areas which you would be required to address & write in your progress notes. We have included a brief summary to assist you in making sure all areas required have been addressed. The face to face eliminates all forms/CMNs previously required for the power mobility devices.

The items to be addressed relates to the patients' physical & cognitive condition and functional needs for mobility assistance "in the home". **Remember, Medicare does not pay for equipment which is only needed outside the home.** This basically means that you state: why your patient is unable to ambulate in the home, why a cane, walker, or manual wheelchair would not meet the patients need for mobility within the home & you write the order for the POV or power wheelchair. The information can be part of the patients' already existing records and you may want to send copies of previous visits to ensure the information shows the progression of the patients' condition which requires the power wheelchair or POV/scooter. The supplier will complete an in home environmental evaluation and an equipment evaluation for you to review. You will need to send your information to the supplier within 45 days of the face to face.

Along with the progress notes you will need to send a written order which includes:

- Beneficiary's name;
- Date of the face-to-face examination;
- Diagnoses and conditions that the PMD is expected to modify;
- Description of the item;
- How long it is needed;
- The physician or treating practitioner's signature; and
- The date the prescription is written.

If you have questions please contact me at (____) ____ - _____

Mobility Assistive Equipment (MAE) Algorithm

Mobility Related Activity of Daily Living Skills (MRADLs) Physician Educational Tool – Questions To Be Addressed

Not to be used as medical necessity documentation

1. What is the limitation of mobility (impairment of ambulation) that requires an assistive device? Diagnoses ; Physical condition etc.
2. Are there other type of limitations related to MRADLs that patient has that need to be addressed, if so can these limitations be compensated by other means (cognitive- vision etc)
3. Can the patient use a cane for ambulation to complete MRADLs due to condition causing impaired ambulation and is he/she able to use the cane safely?

******* If YES STOP here*******

4. OR - Does he/she require a walker for increased stability & security not provided with a cane and can he/she complete MRADLs with the use of a walker?

******* If YES STOP here*******

5. Can the patient self propel in any type manual wheelchair & is he/she safe with use of manual wheelchair?

Does the wheelchair fit the patient and his/home environment?

Note: Ensure the manual wheelchair is appropriate for current and future patient needs.

6. Is a caregiver available, willing and able to push the manual wheelchair if patient is not? Need would be for patient to complete MRADLs “in the home”.

******* If YES STOP here*******

7. If the patient is unable to use a manual wheelchair of ANY type and has no assistance to push him/her: Is the patient safely able to operate a POV (Scooter)?

Will the POV fit the patients’ functional needs and can be used within his or her usual environment? Future needs been addressed?

NOTE: It would not be appropriate to put a patient with a progressive disease in a mobility device that would not accommodate changes in physical condition and need for additional accessories in the future

******* If YES STOP here*******

NOTE: Environment must always be assessed (supplier should do this)

8. Is patient able to safely use the power wheelchair? Does the power wheelchair fit the patient and his/her usual environment & has future needs been addressed?

Note: The least costly alternative must always be addressed as well as caregiver’s ability and willingness to assist as well as future needs.