

## **Medicare Power Wheelchair Evaluation and Documentation Frequently Asked Questions**

An occupational therapy evaluation for a power-operated wheelchair requires a high level of competency, proper documentation, and enough time to recommend the appropriate equipment. In addition, the occupational therapist frequently must work collaboratively with referring physicians and durable medical equipment (DME) suppliers to assure that the appropriate medical equipment is recommended and provided. This process is complex, and to ensure compliance with regulatory guidance in the [Medicare Claims Processing Manual](#), the Medicare-documentation requirements require a significant amount of therapist time to complete accurately. It's important to remember that the purpose of an occupational therapist providing the evaluation and making skilled recommendations is to best meet the specific needs of the client and avoid ordering and billing for equipment that is not medically necessary, is inappropriate for the client, and/or will not be used. It is critical to always keep in mind that clear and concise documentation of services provided is part of the therapist's ethical and professional responsibility.

Recently, AOTA was informed about questionable practices surrounding wheelchair evaluations conducted by occupational therapists in certain states. These practices impact recommendations and reimbursement and raise potential ethical as well as legal issues. These concerns involved questions about appropriate documentation, the role of the DME supplier, and what is viewed as a complete and compliant power wheelchair evaluation as intended by the Centers for Medicare & Medicaid Services (CMS) regulations and related guidance.

In an effort to clarify regulations and educate occupational therapists, AOTA has put together a series of questions and answers below to address the proper procedures when performing a power wheelchair evaluation and submitting supporting documentation for reimbursement of services provided to Medicare beneficiaries.

**Q:** What is needed in my documentation to support the need for a power mobility device?

**A:** To support the need for a power mobility device, Medicare requires that the following requirements be met and documented:

1. An in-person visit with a physician specifically addressing the client's mobility needs.
2. A history consisting of a medical evaluation performed by the ordering physician or other medical professional (e.g., the occupational therapist) focusing on an assessment of the client's mobility limitation and needs. The results of this evaluation must be recorded in the client's medical record. For example, the medical record must contain sufficient information to demonstrate why the client requires the use of a power mobility device in the home to safely and effectively accomplish what CMS terms "Mobility-Related Activities of Daily Living" (MR-ADLs). Examples of MR-ADLs include but are not limited to bathing, grooming, dressing, and toileting. The medical record should also include important medical history factors that demonstrate the client's mobility limitations and must be supported by as much objective data as possible (e.g.,

standardized assessment instrument). The in-person visit and medical evaluation together are often referred to as the “face-to-face examination”.

3. A prescription for the power wheelchair must be written **AFTER** the in-person visit has occurred and the medical evaluation is completed.
4. The prescription and medical records documenting the in-person visit and evaluation must be sent to the DME supplier **within 45 days** after the completion of the evaluation.

7-Element Prescription (Order) Requirements To Be Filled Out By the Physician/Non-Physician Practitioner (Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist) Who Performs the Evaluation

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 face-to-face examination and date of medical evaluation (if different).
4. Pertinent diagnoses/conditions that relate to the need for the power wheelchair
5. Length of time item will be needed
6. Practitioner’s signature
7. Date of practitioner signature

More details about each documentation component are provided in the [CMS Medicare Learning Network Booklet, Power Mobility Devices](#). AOTA strongly encourages any occupational therapist engaging in power mobility evaluations to read this booklet closely and keep it in your clinic as a practice resource.

In addition, the [MedLearn Matters article, “Power Mobility Device Face-to-Face Examination Checklist,”](#) provides a user-friendly checklist that you can use to assure you record all the required Medicare documentation.

**Q:** Is it okay if I have a contractual business relationship with my preferred wheelchair supplier?

**A:** It depends. It is not uncommon for organizations to have relationships with specific vendors. However, from an ethical perspective, the clinician doing the evaluation and any vendor must have a collaborative relationship, unbiased by any incentives the vendor may provide. This is clearly stated in the [Occupational Therapy Code of Ethics](#) (Code) in Principle 2I, which states that “occupational therapy personnel shall avoid exploiting any relationship established as an occupational therapy clinician...to further one’s own physical, emotional, financial, political, or business interests at the expense of recipients of services....” (AOTA, 2015). The vendor provides equipment-related expertise based on the clinical information provided by the occupational therapist about the clients’ abilities, barriers to performance, and functional use of the wheelchair in various occupational roles. The therapist should not delegate making the recommendation and/or writing up the evaluation to the vendor. It is an ethical and professional responsibility to personally document and sign clinical evaluations and notes to ensure accuracy and regulatory compliance (Code, Principle 5). Financial incentives for therapists to use certain vendors who will take over the therapists’ documentation requirement are unethical.

**Q:** If my supplier provides me with forms to complete for the purposes of the visit and mobility evaluation, is this appropriate to submit for the purposes of Medicare reimbursement?

**A:** It depends. It is recommended that you record the visit and mobility evaluation in your usual medical record-keeping format. Some suppliers provide forms for you to complete in an effort to try to create the impression that these documents are a sufficient record of the in-person visit and medical evaluation, but in reality CMS requires more extensive documentation than the supplier typically provides. Historically, based on DME Medicare Administrative Contractor (MAC) auditing experience, the documentation Medicare is receiving is frequently deficient, and this may result in equipment denials and/or delays.

With that being said, therapists can work collaboratively with appropriate DME vendors to become knowledgeable about evaluation report language that can facilitate successful recommendations so long as all content accurately reflects the client's status and abilities, and the OT's clinical judgment.

**Q:** Where can I find guidance on the requirements for completion of the Certificate of Medical Necessity? What section can be completed by the occupational therapist?

**A:** Guidance on the completion of Certificate of Medical Necessity Forms can be publicly accessed via the [Medicare Claims Processing Manual Chapter 20 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\)](#). Section 100.2.1(2) goes into detail about "Section B" which may be completed by a non-physician clinician. This section includes components of the Certificate of Medical Necessity such as the estimated length of need, diagnosis codes, and other questions surrounding the clinical information regarding the client's condition.

**Q:** Is this guidance found anywhere else? Should I be regularly monitoring changes in other resources put out by CMS?

**A:** In addition to the sub-regulatory guidance found in the Medicare Manuals, you can review the National Coverage Determination (NCD) for Mobility Assistive Equipment and your MAC's Local Coverage Determination (LCD) for the DME that you are prescribing. These are key places to stay up to date on allowances, exclusions, and guidance for reimbursement purposes.

To access your specific LCD DME policies, you can perform a policy search on the [CMS Medicare Coverage Database](#) or refer directly to your Medicare Administrative Contractor's (MAC's) website, where you may find more useful tools including checklists, FAQs, and resources put out for providers. CMS also provides a [Power Mobility Devices SMS MLN Matters article](#) as well as a [Detailed Written Orders and Face-to Face Encounters article](#) as additional resources on the topic.

**Q:** Can I perform a power wheelchair evaluation but have the wheelchair supplier do the documentation if I am there to sign off on it?

**A:** No. When you as the therapist sign off on documentation, you are effectively attesting that these are your notes; the content is accurate and reflects your clinical judgment. As mentioned above, the prescription and medical records documenting the in-person visit and evaluation must be sent to the equipment supplier within 45 days *after the completion* of the evaluation—this would ultimately suggest that the evaluation must be documented *prior to* being sent to and received by the supplier.

**Q:** Is it okay if the therapist has a financial relationship with the suppliers?

**A:** No. Due to the existence of anti-kickback and self-referral laws, financial relationships wherein the therapist is receiving compensation “in kind” for referrals to a supplier are prohibited by Medicare.

### **Reference**

American Occupational Therapy Association. (2015). Occupational Therapy Code of Ethics (2015). *American Journal of Occupational Therapy*, 69, 6913410030p1–6913410030p8. <http://dx.doi.org/10.5014/ajot.2015.696S03>