

KJK SERVICE

HMS Hoveround Mobility Solutions

Do you have someone in need of mobility?

What needs to be done?

☐ **Face-to-Face Examination**

Performed by the Ordering Doctor

☐ **Standard Written Order**

Performed by the Ordering Doctor

☐ **Home Assessment**

Performed by the ATP Supplier

☐ **Mobility Evaluation**

Performed by the PT/OT or Wheelchair Clinic

☐ **Detailed Standard Written Order**

Performed by the Ordering Doctor

☐ **Insurance Authorization**

Performed by the Supplier

☐ **Proof of Delivery**

Performed by the Supplier

Contact Us

KJK Service

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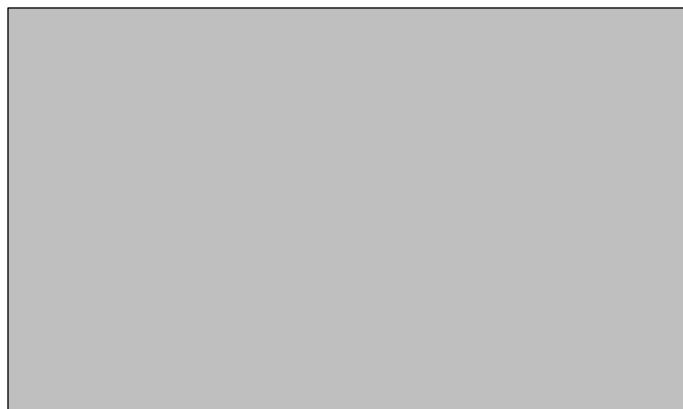
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REQUIREMENTS

Medicare pays for a PMD only when all the following steps are taken:

- Documentation of the patient's face-to-face examination (F2F)
- A standard written order (SWO)
- The mobility evaluation with supporting documentation of the patient's (ME)
- A Detailed Standard Written Order (DSWO)
- A home assessment (HA) documented
- Proof of delivery (POD)

In this section,
"you" refers to PCP

Power Mobility Devices (PMD)

A Medicare patient must meet all these **general coverage criteria** to satisfy PMD medical necessity requirements for all power mobility devices:

- He or she has a mobility limitation that significantly impairs his or her ability to participate in one or more Mobility-Related Activities of Daily Living (MRADLs) in customary locations in the home
- His or her mobility limitation cannot be sufficiently and safely resolved by using an appropriately fitted cane or walker
- He or she 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

Power Operated Vehicle (POV)/Scooter

A Medicare patient must meet all **general coverage criteria** for PMDs and **all these criteria** to qualify for specific PMDs (POVs/scooters):

- He or she must be able to do these three actions:
 - Safely transfer to and from a POV
 - Operate the tiller steering system
 - Maintain postural stability and position while operating the POV in the home
- His or her mental and physical capabilities are sufficient for safe mobility using a POV in the home
- His or her weight is less than or equal to the weight capacity of the POV and greater than or equal to 95 percent of the weight capacity of the next lower weight class of POV
- His or her home provides adequate access between rooms, maneuvering space, and surfaces for operating the POV
- Using a POV will significantly improve his or her ability to participate in MRADLs, and he or she will use the POV in the home
- He or she has not expressed an unwillingness to use a POV in the home

Power Wheelchair (PWC)

For PWCs, the patient meets all **general coverage criteria** for PMDs and **all these criteria**:

- He or she does **not** meet the coverage criteria for a POV
- He or she has the mental and physical capabilities to safely operate the PWC or if he or she is unable to safely operate the PWC, has a caregiver who is available, willing, and able to safely operate the PWC (but is unable to adequately propel an optimally configured manual wheelchair)
- His or her weight is less than or equal to the weight capacity of the PWC and greater than or equal to 95 percent of the weight capacity of the next lower weight class of PWC
- His or her home provides adequate access between rooms, maneuvering space, and surfaces for operating the PWC
- Using a PWC will significantly improve his or her ability to participate in MRADLs, and the patient will use the PWC in the home
- He or she has not expressed an unwillingness to use a PWC in the home

WORKING TOGETHER

Providers (physicians or non-physician practitioners [NPPs]) and suppliers should work together to ensure that Medicare covers a patient's PMD, as shown by this example:

- The provider conducts a **face-to-face (F2F)** with the patient and sends a **standard written order (SWO)** with supporting documentation to the supplier.
- The supplier creates a **detailed standard written order (DSWO)** for the PMD and sends it to the provider.
- The provider **reviews, signs, and dates** the DSWO and returns it to the supplier. The supplier then completes a home assessment and delivers the PMD to the patient.

Face-to-Face (F2F)

You must conduct a face-to-face examination with the patient **before** writing the standard written order (SWO) or referral for a mobility examination (ME) for the PMD.

- Evaluate and treat the patient for his or her medical condition(s)
 - Tailor the evaluation of the individual patient's condition(s)
- Determine medical necessity for the PMD as part of an appropriate overall treatment plan
 - Document that a major reason for the visit was to determine the need for PMD/Wheelchair

Standard Written Order (SWO)

The treating/ordering provider who completes the patient's face-to-face examination must prepare a Standard Written Order. The order must be written **after** face-to-face requirements are met, and it must include **all** these seven elements.

1. Patient's name
2. Date of patient's face-to-face examination
3. Pertinent diagnoses/conditions that relate to the need for the POV or PWC
4. Description of the item ordered
5. Length of need
6. Treating/ordering provider's signature
7. Date of provider's signature

Within 45 days of completing the face-to-face, the treating/ordering provider forwards the completed standard written order to the PMD supplier with chart notes of the face-to-face. 6+ months of chart notes may be necessary for some patients to help show the need.

Mobility Evaluation (ME) (CAN BE REFERRED TO PT/OT TO COMPLETE)

Document the mobility evaluation in a detailed, narrative note in the patient's medical record.

The record should include relevant information about these elements and may include other details. Sometime this is referred to a Letter of Medical Necessity (LMN). This should document the history of the patient's present condition(s) and past medical history relevant to mobility needs, including

- Progression of ambulation difficulty over time
- Other diagnoses that may relate to ambulatory problems
- How far he or she can walk without stopping
- Pace of ambulation
- What ambulatory assistance is currently used
- What has changed to require a PMD
- Ability to stand up from a seated position without assistance
- Description of the home setting and the ability to perform ADLs in the home
- Document of the patient's physical examination:
 - Weight and height
 - Cardiopulmonary examination
 - Musculoskeletal examination
 - Neurological examination



- Ensure that the medical record contains enough documentation to support the medical necessity of a PMD in the home:
 - Include reports of pertinent laboratory tests, X-rays, and/or other diagnostic tests related to his or her mobility needs
- Document the decision to prescribe a PMD

Home Assessment (HA) (TO BE COMPLETED BY THE SUPPLIER)

A written, on-site evaluation of the patient's home before or at the time of delivery of a PMD.

- Verify that the patient can adequately maneuver the PMD, considering all of these:
 - Accessible rooms with surfaces
 - Doorway width and thresholds
 - Any limitations or access issues

Detailed Standard Written Order (DSWO)

Use the standard written order (SWO) to determine the appropriate PMD for the patient. After this determination, prepare a detailed standard written order (DSWO) that contains all this information:

- Patient's name
- PMD item ordered (regardless of the form of the description, it must include sufficient detail to identify the item to determine that it is properly coded)
- Signature of ordering provider
- National Provider Identifier of ordering provider
- Date of the order

The supplier provides the unsigned DSWO to the treating/ordering provider for you to review, sign, date, and return. Suppliers create PMD documentation template forms to assist with the insurance process (i.e. SWO and DSWO). You may complete template forms and include them in the patient's chart. Suppliers are prohibited from completing any part of these forms including the ME.

Submission for Insurance Authorization

(TO BE COMPLETED BY THE SUPPLIER)

Proof of Delivery (POD) (TO BE COMPLETED BY THE SUPPLIER)

The supplier must deliver the prescribed PMD within 120 days of when the patient's face-to-face examination was conducted. If the prescribed PMD is not delivered within 120 days, a new face-to-face examination must be completed to assess the patient for changes in his or her medical condition(s) to determine if the ordered PMD is still appropriate.

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Contracted Health Plans:

United Healthcare	Northwood Inc.
Humana	One Call Care Management
Aetna	Optum
Anthem BCBS IN	Prime Health Services
Cigna Medicare Advantage	Progressive Care Network (PCN)
Cigna Commercial	Sagamore Health Network
CareCentrix	Three Rivers
Wellmed	TriCare EAST
	USA Managed Care Organization

America's Choice Provider Network	HealthLink, Inc.
American PPO	HealthSmart Preferred Care
Ancillary Care Services	HealthScope Benefits
CareWorks	Hines and Associates, Inc.
Corvel Healthcare	HomeLink
Coventry First Health	IHCS Integrated Home Care Services
First Health Network	Indiana Health Network
Galaxy Health Network	Medcost
Healthcare Synergies, Inc.	MULTIPLAN