DURABLE MEDICAL EQUIPMENT

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Wheelchairs, Power Mobility Devices, and Hospital Beds

Purpose:

This resource was created to provide clarity around the patient qualifications and provider documentation requirements for standard wheelchairs, power mobility devices and hospital beds. The content was gathered from various Centers for Medicare & Medicaid Services (CMS) sources.

Medicare Part B covers 80% of the cost of a wheelchair or power mobility device, such as a scooter, if all of the following criteria are met:

- The treating provider completes a written order stating the patient has a medical need for use of the specific durable medical equipment (DME) in the home (e.g., wheelchair, scooter).
- The patient has limited mobility.
- The patient has a medical condition that causes significant difficulty moving around the home.
- The patient is unable to complete activities of daily living (ADL), such as bathing, dressing, getting to food, or using the restroom, even with the help of a cane, crutch or walker.
- The patient can get on or off the wheelchair or scooter independently or has someone who is always available to help with safe use of the device.
- The patient can use the equipment in the home (e.g., not too large to fit through doorways or hallways).
- A face-to-face exam was completed no earlier than six months prior to the order date.

For coverage of a standard wheelchair, the following documentation must be included in the face-to-face visit note:

- Identify the chief complaint for the visit as one that supports medical necessity for the DME.
- Describe the patient's mobility limitations and diagnoses, and why they cannot be solved with a cane, crutch or walker.
- Describe the patient's ADLs and why a wheelchair would improve their overall function.
- Detail if any accessories are needed based on the patient's medical condition (i.e., lightweight wheelchair, elevated leg rests, seat belt, anti-tip wheels, seat and back cushions).

For coverage of a motorized wheelchair, the documentation requirements are extensive. In addition to the detailed written order, a seven-element prescription order is required by the vendor. The face-to-face visit documentation must include the following:

- Document the reason for the visit as a mobility examination for a motorized wheelchair.
- List the specific mobility-related ADLs the patient has, and how these problems can be solved with a motorized wheelchair.

- Document each of the following:
  - Objective measurement of upper and lower extremity strength levels (e.g., _/5)
  - Pain levels, when and where (e.g., _/10)
  - Range of motion
  - Pace and distance of ambulation
  - Oxygen saturation
  - Balance and/or fall history
- Explain why the patient's mobility limitation cannot be solved with a cane, crutch or walker (generally two sentences requested).
- Explain why a manual wheelchair does not meet the patient's mobility limitations (generally two sentences requested).
- Explain why a scooter does not meet the patient's mobility limitations in the home. One challenge is that scooters require a larger turning radius (approximately 94").
- Indicate that the patient has the physical and mental capacities to operate a motorized wheelchair.
- Document if and why the patient's ability to complete mobility-related ADLs will improve with a motorized wheelchair.
- Confirm the patient can transfer to and from a motorized wheelchair.
- Include the patient's pertinent diagnosis, height, weight and medications as well as other aspects normally included in a progress note.

If a power mobility examination is completed, Medicare does reimburse for this service using HCPCS code G0372
CMS National Payment Amount: $9.01; wRVU: 0.17

Consideration for hospital bed coverage also requires a face-to-face visit with the ordering provider no earlier than six months prior to the order date. Medicare Part B covers 80% of the cost of a hospital bed if patients meet one of the following four criteria:

- The patient has a medical condition which requires positioning of the body in ways not feasible with an ordinary bed.
- The patient requires positioning of the body in a way not feasible with an ordinary bed to alleviate pain.
- The patient requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease or problems with aspiration.
- The patient requires traction equipment, which can only be attached to a hospital bed.

Sources:

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLN-MattersArticles/downloads/MM4121.pdf

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLN-MattersArticles/downloads/se1112.pdf

https://www.cgsmedicare.com/jc/mr/pdf/mr_checklist_hospital_beds.pdf

https://www.medicare.gov/coverage/manual-wheelchairs-and-power-mobility-devices.html

https://www.medicare.gov/pubs/pdf/11046-Medicare-Wheelchair-Scooter.pdf

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The John A. Hartford Foundation

HCCIntelligence™ is funded in part by a grant from The John A. Hartford Foundation.