

Part B Insider (Multispecialty) Coding Alert

POWER OPERATED VEHICLES: Teach Your Physician To Document Wheelchair Medical Necessity

Hint: G0372 must be on the same claim as E/M code

Don't miss out on an extra \$21.60 of reimbursement per wheelchair patient.

As of April 1, you can bill and receive payment for **G0372**, the new code for physician oversight of power mobility devices (PMDs), such as wheelchairs and scooters. Congress had delayed the start of Medicare's new PMD coverage rule until now to allow for more comments from suppliers and physicians. (See PBI, Vol. 7, No. 7.)

Slow start: But many providers still haven't realized that they can reap extra reimbursement just for filling out a little extra paperwork, says **Kimberly Haspert**, operations manager with **New Pueblo Medicine** in Tucson, AZ. "My biggest challenge is always educating and reminding providers about new billable services and how to document them properly," she adds.

Good news: Also, you have 45 days instead of 30 days to send medical-necessity documentation to durable medical equipment (DME) suppliers after your physician sees a patient face to face. The **Centers for Medicare & Medicaid Services** extended the timeframe after physicians said a 30-day window was too narrow, according to the final regulation, published in the April 5 Federal Register.

The final regulation does away with the Certificate of Medical Necessity, the checkbox form your doctor has been using to justify wheelchair prescriptions. It requires your doctor to see the patient face-to-face before prescribing a new PMD.

Important: CMS says in a new MLN Matters article (MM4372) that you must bill for an E/M visit on the same claim as G0372.

Documentation: The DME supplier can provide your doctor with a two-page form to fill out which can help prove the medical necessity for the wheelchair or scooter, says **Tammy Boyer**, compliance and billing officer with **Great River Orthopaedic Surgery** in West Burlington, IA. But the patient's chart should also contain medical necessity information, such as:

- Has the patient tried other manual wheelchairs previously?
- Is the patient going to use this PMD for "outside motion" only, or indoors as well?
- Does the patient have enough functioning of the upper extremities to operate a manual wheelchair?

Watch out: As long as your physician is "trained" as to the medical necessity criteria for a PMD, there should be no problem, says Boyer. But if the physician isn't up on the requirements, he may leave out important information "and create chaos."

So far, only Medicare will pay for G0372, says Boyer, who's contacted some other payors about the code.