

## DME providers and physicians: important wheelchair prior authorization information

To help our members receive the DME equipment they need and help ensure no disruption in care, please follow the guidelines below:

**Document the Face-to-Face Requirement:** Effective July 1, 2013, Section 6407 of the Affordable Care Act (ACA) established a face-to-face encounter requirement for certain items of DME.

The law requires that a physician must document that a physician, nurse practitioner, physician assistant or clinical nurse specialist has had a face-to-face encounter with the patient. The Centers for Medicare & Medicaid Services (CMS) requires that the date of the written order must not be prior to the date of the face-to-face encounter. The face-to-face encounter conducted by the Physician, Physician Assistant (PA), Nurse Practitioner (NP), or Clinical Nurse Specialist CNS must document that the beneficiary was evaluated and/or treated for a condition that supports the item(s) of DME ordered.

Specifically for mobility assistive equipment, CMS requires detailed documentation collected during this face-to-face encounter (see National Coverage Determination (NCD) for Mobility Assistive Equipment (MAE) (280.3)).

To efficiently process the prior authorization request for a wheelchair (manual or power), it is important that you also include:

- 1) Make, model, date of purchase and serial number of current chair (if this is a replacement and who paid for the wheelchair (commercial, traditional Medicare).
- 2) What is wrong with the current chair? Can it be repaired? The DME provider should provide a quote for repairs.
- 3) How is the member currently performing his/her Mobility related activities of daily living?
- 4) Is there a caretaker in the home? Does the caretaker work outside the home? (Is the member left alone?)
- 5) When was the face-to-face physician evaluation performed?
- 6) When was the PT/OT/ ATP evaluation done?
- 7) Physical examination of member with motor strength, tone, range of motion. Is there swelling of the extremities?
- 8) Cognitive status of the member, are they safe to operate a motorized vehicle independently?
- 9) Home assessment completed. Does the home allow the wheelchair to fit into the areas that the member needs to go?
- 10) Does the member perform self-catheterization? Does the patient have orthostatic hypotension?
- 11) Is the member able to transfer independently? Can the member offset pressure by performing a weight shift? Does the member have skin breakdown now or previously?

12) How many hours per day will the patient spend in the wheelchair?

13) Detailed description of nonspecific code requests (i.e. K0108: Wheelchair component or accessory, not otherwise specified (push handle))

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