Overview:

In order to submit a mobility equipment claim to insurance, the following information must be documented and submitted to the mobility supplier – Med City Mobility. Phone: (507)252-0555, Fax: (507)540-1148.

- A **face-to-face report** from the doctor to include a narrative in the patient's chart/SOAP notes detailing the mobility examination.
- An **order/prescription** for the mobility device. The prescription must be provided to the mobility supplier **within 45 days of the examination**.

  *** The primary reason/chief complaint for the Dr. visit must be stated. "Mobility Evaluation". ***

Criteria Questions:
1. **What is the patient’s mobility limitation and how does it interfere with activities of daily living, such as bathing, dressing, grooming, eating and getting to the bathroom?** (Include info such as: patient symptoms; related diagnosis; how long the condition has been present; clinical progression; interventions that have been tried; presence of abnormal tone or deformity of arms, legs and trunk; neck trunk and pelvic posture and flexibility; sitting and standing balance; etc.

2. **Why can't a cane, walker or manual wheelchair meet the patient's mobility needs in the home?** (Include info such as: impairment of strength, range of motion, sensation or coordination of arms and legs; past use of cane or walker; past use of manual wheelchair, etc.).

3. **If prescribing a power wheelchair: why can't a scooter meet the patient's mobility needs in the home?** (Include info such as: physical limitations preventing safe transfer into and out of the scooter or operation of the tiller steering system; lack of postural stability requiring more supportive seating, etc.

4. **Does the patient have the physical and mental capabilities to operate the power wheelchair or scooter in the home?**

Procedure:

After completing the face-to-face exam, a written order/prescription for the power wheelchair must be provided. The prescription must include all of the following 7 elements:

1. Beneficiary's name
2. Description of the item that is ordered
3. Date of the completion of the face-to-face exam
4. ICD 9 codes that relate to the need for the POV
5. Length of need
6. Physician's signature
7. Date of physician signature

Once the supplier receives the **order/prescription** and the **face-to-face information/clinical documentation**, they will prepare a **detailed product description** that describes the item being provided including all options and accessories. The doctor should review it and if he/she agrees with what is being provided, the detailed product description should be signed, dated and returned to the supplier. If the doctor does not agree with any part of the detailed product description, he/she should contact the supplier to clarify what the beneficiary should receive.

Summary:

The above documentation must be received in the following order:

- 7 element order (Physician)
- Clinical notes (Physician)
- In-Home Assessment (Supplier)
- Detailed Written Report (Created by the supplier – completed and signed by physician)

* The information above was obtained from the National Government Services- Medicare website.