

Request For Manual Wheelchair

Med City Mobility
1200 Eastgate Drive SE
Rochester, MN 55904

Overview:

In order to submit a manual wheelchair 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".** ***

Qualification For Eligibility:

1. You cannot walk, even with the support of other mobility equipment (rule out why a cane, crutches and walker are not sufficient).
2. You would spend most of your time in bed or in a chair without the use of a wheelchair.
3. You can transfer safely in and out of the wheelchair.
4. You are able to sit, ride and safely operate the wheelchair.
5. The primary reason for needing the item is to help you move about independently, not to prevent an injury from occurring where no injury or illness exists (even though it will help prevent injury as well).
6. The primary use will be inside the home.

Procedure:

After completing the face-to-face exam, a written order/prescription for the 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/prescription (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.