

POWERING UP PATIENT MOBILITY

AGENDA

What Products are Available

What does the Process look like

What does insurance require

Biggest Problems and Common Errors

Q&A



WHAT IS
AVAILABLE?

SCOOTERS

Pride Gogo



Ideal User

Medicare generally covers mobility scooters for individuals who have certain medical conditions that limit their ability to move around independently. The ideal scooter user, according to Medicare guidelines, typically meets the following criteria:

- 1. Mobility Limitations:** The person has a significant mobility impairment, usually related to a condition like arthritis, multiple sclerosis, Parkinson's disease, or another illness or injury that severely affects their ability to walk.
- 2. Limited Ability to Perform Daily Activities:** The individual is unable to perform daily activities (like going to the bathroom, or preparing meals) without help, due to their mobility issues.
- 3. Inability to Use a Cane or Walker:** The person must have already tried using less complex mobility aids, like a cane or walker, but found them inadequate for their needs.
- 4. Safe Use of the Scooter:** The individual must be able to operate the scooter safely and use it as a mobility aid. This includes being able to control the scooter's speed and direction and being able to steer or stop it.
- 5. Need for the Scooter for Use at Home:** Medicare covers scooters when they will be used inside the home, not for outdoor or recreational use.

BASIC POWER WHEELCHAIR

Jazzy 613



Color: White (matte)

Ideal User

A basic Powered Wheelchair (PWC) is ideal for individuals who have specific mobility limitations and require more assistance than a scooter can provide. Typically, the ideal candidate for a basic PWC under Medicare guidelines is someone who meets the following criteria:

- 1. Severe Mobility Impairments:** The individual has a severe impairment or disability that makes it difficult or impossible to walk or stand for extended periods of time. This could be due to conditions like severe arthritis, muscular dystrophy, stroke, spinal cord injury, or neurological disorders such as multiple sclerosis or cerebral palsy.
- 2. Inability to Safely Operate a Scooter:** The individual may not be able to safely use a scooter due to physical limitations, like difficulty in steering, controlling speed, or balancing. PWCs are often more suitable for those who need a higher level of support and stability compared to a scooter.
- 3. Limited Use of Arms or Hands:** Basic PWCs are designed with different controls (such as a joystick or specialized hand controls) to assist those who may have limited use of their arms or hands. These chairs can be more customizable in terms of control mechanisms, which makes them a good fit for people who need that extra assistance.
- 4. Need for Indoor and Outdoor Mobility:** While a basic PWC is often designed for indoor use, it can also handle limited outdoor terrain, so it is ideal for someone who needs a powered chair to navigate within the home but also requires the flexibility to go outside occasionally.
- 5. Need for Constant Mobility Assistance:** The individual should need a wheelchair for everyday activities, like moving around the house, accessing different rooms, or even going to appointments. The wheelchair should be necessary for their day-to-day functioning.

Unlike scooters, which are typically used by individuals who can walk but need help with long distances or fatigue, basic PWCs are for people who require full-time assistance with mobility.

GROUP 2 SINGLE POWER OPTION MOBILITY DEVICE

Ideal user

Meets all qualifications for a Basic Power Wheelchair but also may require:

Tilt or Recline features

Elevation or seat lift

This product does require an ATP to be involved in the ordering process

Jazzy Air



GROUP 3 POWER MOBILITY DEVICE

Ideal user Qualifications

Meets all qualification of a Group 1 or basic Power mobility device.

Client has a Neurological, Congenital skeletal, or myopathy diagnosis

Client would also benefit from or is required to have multiple power functions, alternative drive controls, or advanced custom seating

Permobil M3





WHAT IS THE
PROCESS

WHAT ARE THE STEPS FOR BASIC POWER DEVICE



Client sees Physician and discusses basic need.

Physician documents need in the chart note from the visit.

Equipment Provider will normally add all information on to a CMN/LMN for the Physician to sign off on and fax over

Home assessment is completed by DME provider

Request is sent to Insurance if Prior Authorization is Required

Item is Ordered

Item is Delivered

WHAT ARE THE STEPS FOR A COMPLEX POWER DEVICE



Client sees Physician and discusses basic need.

Physician writes a Prescription for a Seating and Mobility Evaluation

OT/PT Appointment is scheduled to conduct Evaluation

DME provider conducts a home assessment

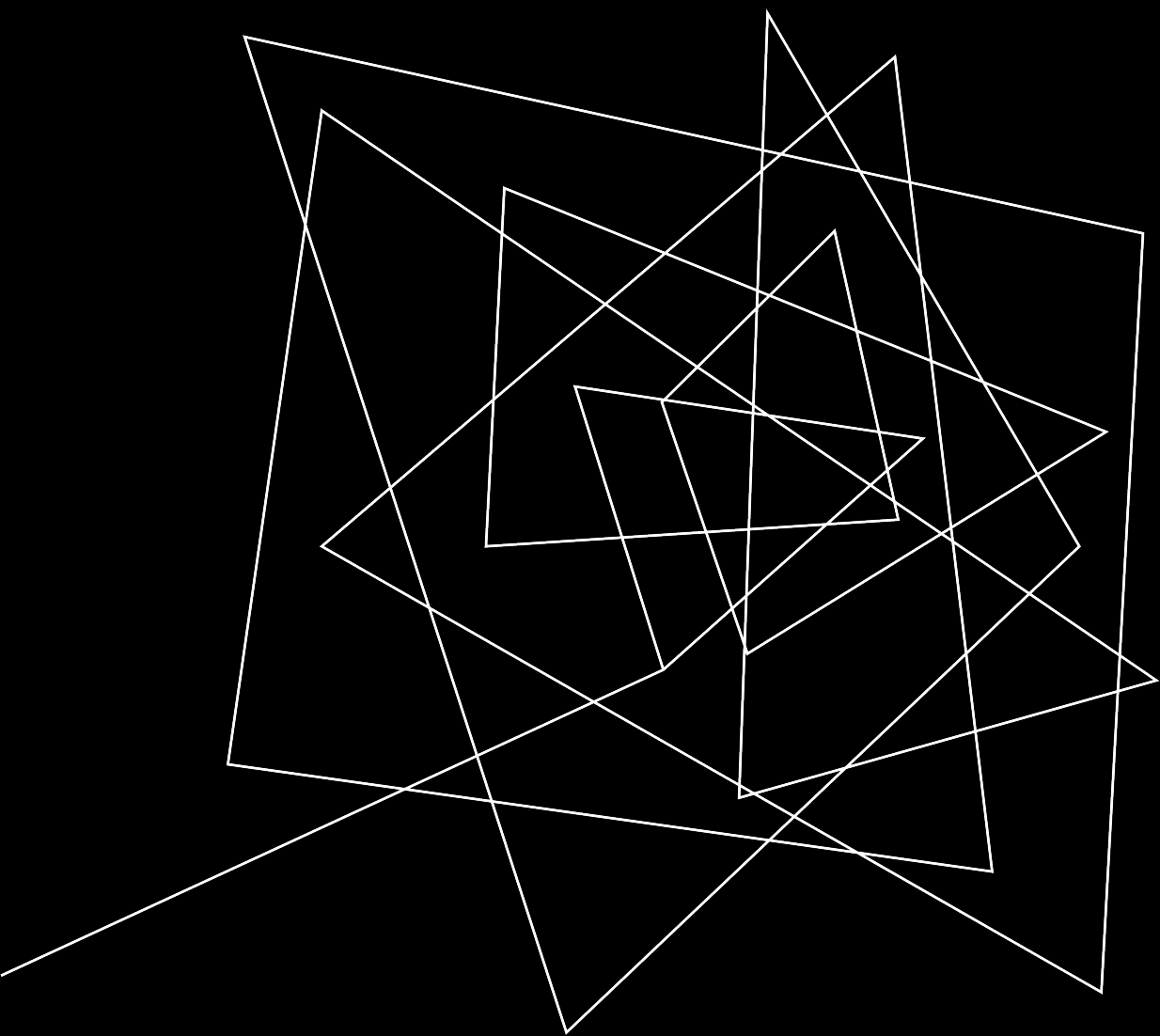
OT/PT Appointment is attended by ATP

Face to Face is appointment is conducted by Physician

Prior authorization request is submitted to insurance

Equipment is ordered

Equipment is Delivered



INSURANCE REQUIREMENTS

BASIC POWER PAPERWORK NEEDED

R_x Patient Name: _____
Address: _____

Prescription:


Refill 0 1 2 3 4 5 Label
Signature: _____ Date: _____

Chart note discussing the need of patient including:

- Need for the device is tied directly to MRADLs and their independent completion
- Reasons why a less expensive option will not work
- Document that patient can safely use device in the home (operate tiller or joystick, maintain trunk control and preform safe transfers)
- Document a willingness to use the item in the home
- Document a how the device will create a significant improvement in the completion of MRADLs
- Current height and weight

Signed LMN/CMN

COMPLEX POWER MOBILITY PAPERWORK NEEDED

 7-Element Written Order

Beneficiary's Name

Description of the item ordered

Date of the face-to-face examination
(Date the beneficiary was in a compliant)

Pertinent diagnoses/conditions that relate to the need for the item ordered

Length of need

Physician signature

Physician Name (Print Clearly)

Date of physician signature

Chart note discussing the need of patient including:

- Need for the device is tied directly to MRADLs and their independent completion
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- Document a how the device will create a significant improvement in the completion of MRADLs
- Current height and weight

Signed LMN/CMN

Signed PT/OT Evaluation

Signed Handwritten 7 element order

BIGGEST PROBLEMS AND COMMON ERRORS

Date do not line up properly

Too little/too much information

Less expensive equipment is
not ruled out

Patient Confusion and
misconceptions

Missing or old Demographics