CHOICE medical equipment

The right CHOICE for home medical equipment

Power Scooter vs Power Wheelchair

Scooter

~~Power~~ Wheelchair

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PH#940-380-0455 ext. 104, FAX#940-382-3026

Patient:_____ DOB:_____

What insurance needs - Power Scooter

In order to have insurance cover a **Power Scooter** for your patient, they need ONE face-to-face or Teladoc encounter note with all the insurance requirements below included (they do not accept letters, therapy rehab evaluations, or prescriptions):

- ☐ A history of the present conditions and the patient's height and weight.
- ☐ What is the patient's mobility limitation (Dx. with codes)?
- ☐ How does the diagnosis limit the patient's performance of MRADL's **in the home**? (Mobility Related ADLs are defined as bathing, dressing, feeding, grooming and/or toileting).
- ☐ Why can't the following items meet this patient's mobility needs in the home?
  - ☐ Cane
  - ☐ Walker
  - ☐ Manual Wheelchair

(Must rule out each item, for example: "Patient is unable to use a cane, walker or a manual wheelchair due to upper and lower extremity weakness" is an acceptable sentence for insurance.)

- ☐ Is the patient **physically and mentally** able to transfer to and from a power scooter, and operate it safely in the home?
- ☐ Objective quantitative data (#'s) that document the mobility limitation (ie: "Upper and Lower extremity strength: 2/5", "Oxygen drops to 85% w/exertion", "pain level 10/10", etc).
- ☐ Physician's signature and date at the end of the note (Electronic Note = Electronic Signature, Handwritten note = Physical Signature).

Things to keep in mind: Do not write about mobility outside the home - even if it's just out to the mailbox. Focus on the patient's use of the equipment **in the home**. All points must be in one note in order for approval. Please sign and date once completed. Thank you!

Standard Written Order

Order Date

_____

Beneficiary's name(or MBI)

_____

Description of item Ordered

_____

_____

_____

Pertinent Diagnosis/Conditions that relate to the need of the Item ordered

_____

LON

_____

Physician Signature

_____

NPI#: _____

Physician Name (Print Clearly)

_____

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How to get a Power Mobility Device through Insurance

1. Start Here: Determine the right mobility device by going to your Doctor.

The beneficiary needs to determine which mobility device is best suited for their needs. Different diagnoses qualify for different kinds of power mobility devices (Power Scooter vs Power Wheelchair). Insurance requires the beneficiary to have a current face-to-face or Teladoc visit with a PECOS certified doctor for a power mobility examination. This gives the physician the ability to discuss with the patient, document the medical need for the requested mobility device, and include all the insurance requirements in the chart note from this visit. The supplier (Choice Medical Equipment) will need a copy of these notes with all of the requirements included in order to move forward with the request. See attached what the insurance requirements are.

2. All Proper Documents to the Supplier.

After the patient has been seen by the Doctor, and the chart notes have made it to the supplier, there are more documents that insurance requires the physician to sign and date (Standard Written order and a Detailed Product Description). This step can be time consuming because Doctor's offices are busy and fax machines are not always reliable; Be willing to make calls or hand deliver paperwork if you are able**. Once all documents have made it to the supplier, we can then submit everything to the insurance for Prior Authorization. Insurance has up to 30 days to review your case and contact the supplier with a decision.

3. Dispense equipment after approval.

Once you have an approval from Insurance in writing, the supplier will be able to order and dispense the equipment to you, and then bill your insurance. Medicare will only pay 80% of their allowable; the amount they deem reasonable. Sometimes if you have a supplemental plan or a secondary insurance, they will cover the other 20% of the allowable. Otherwise you will be responsible for the remaining 20% plus any amount that is non covered by insurance. Power Scooters are billed as a one-time purchase. Power Wheelchairs are billed as a 13 month capped rental.

****Note: This process may take up to 6 weeks or longer depending on doctor and patient cooperation.**