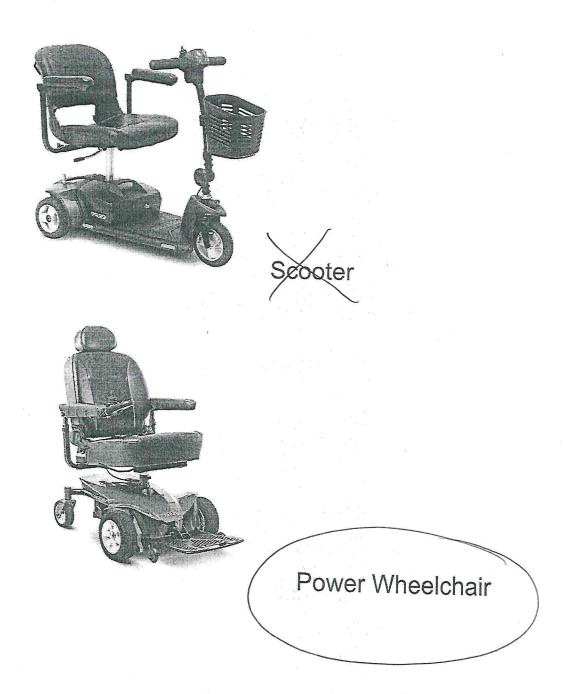


Power Scooter vs Power Wheelchair





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

Patient:	DOB:
What	insurance needs - Power Wheelchair
face-to-face or Teladoc encou	cover a Power Wheelchair for your patient, they need <u>ONE</u> inter note with all the insurance requirements below included (they do nab evaluations, or prescriptions):
☐ A history of the pres	sent conditions and the patient's height and weight.
☐ What is the patient's	s mobility limitation (Dx. with codes)?
☐ How does the diagn	osis limit the patient's performance of MRADL's in the home? (Mobility
Related ADLs are d	efined as bathing, dressing, feeding, grooming and/or toileting).
☐ Why can't the follow	ing items meet this patient's mobility needs in the home?
☐ Cane	
☐ Walker	
☐ Manual Whe	elchair
☐ Power Scoot	er (POV)
(Must rule out each item, fo	r example: "Patient is unable to use a cane, walker, manual wheelchair
	pper and lower extremity weakness" is an acceptable sentence for
insurance.)	
Is the patient <u>physic</u>	cally and mentally able to transfer to and from a power wheelchair,
and operate it safely	
☐ Objective quantitativ	e data (#'s) that document the mobility limitation (ie: "Upper and Lower
	/5", "Oxygen drops to 85% w/exertion", "pain level 10/10", etc).
	e and date at the end of the note (Electronic Note = Electronic
	en 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 ME	3I)	
Description of item Order	red	
Pertinent Diagnosis/Cond	ditions that relate to the need	of the Item ordered
LON		
Physician Signature		
NPI#:		
Physician Name (Print Cl	early)	

CHOICE medical equipment

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.