

Face to Face Evaluation

Insurance requires that the following questions be answered by the physician or a physical therapist. Please use your own letterhead for your answers as *Medicare has deemed any supplier created forms unacceptable*. Physicians can be compensated for the Face To Face Evaluation by using the HCPCS code G0372. Please contact **Mobility Warehouse** if you need any assistance with this process. We appreciate your business!

Patient Name _____ DOB _____

Insurance _____ ID# _____

Address _____

Phone _____ SEX/HT/WT _____

Please use your own letterhead to provide the following questions in letter format. The face-to-face mobility evaluation must be conducted by the treating physician prior to writing the order. The power chair supplier must receive the written order within 45 days of this evaluation.

The face-to-face examination report must address the following:

- Patient's mobility limitation and how it interferes with the performance of activities of daily living
- Why can't a cane or walker meet this patient's mobility needs in the home?
- Why can't a manual wheelchair meet this patient's mobility needs in the home?
- Why can't a power wheelchair/scooter meet this patient's mobility needs in the home?
- Does this patient have the physical and mental abilities to operate a power wheelchair/scooter safely in the home?
- Is the patient willing and motivated to use a power wheelchair/scooter?

The report shall provide pertinent information about the following elements, but may include other details.

- Symptoms & related diagnoses
- How long the condition has been present
- History & clinical progression
- Interventions (including medications) that have been tried and the results
- Past use of walker, manual wheelchair, power wheelchair or mobility scooter and the results
- Physical exam & weight
- Impairment of strength, range of motion, sensation or coordination of arms and legs
- Presence of abnormal tone, deformity of arms, legs or trunk
- Neck, trunk, and pelvic posture and flexibility
- Sitting and standing balance
- Functional assessment - problems performing the following activities including the need to use a cane, walker or aid of another person:
 - Transferring between a bed or chair and power mobility product
 - Walking to & from bathroom, kitchen, living room, etc.
 - Distance patient is able to walk without stopping; speed, and balance



PLEASE PROVIDE A LETTER OF MEDICAL NECESSITY ON YOUR LETTERHEAD WHICH ANSWERS ALL OF THE QUESTIONS BELOW AND ALSO INCLUDES LENGTH OF NEED.

Determining your Patients' Mobility Needs

CMS has implemented a [National Coverage Determination](#) for all mobility assisted equipment which includes power wheelchair and power operated vehicles. Listed below is a summary of the questions that must be addressed and *charted in your progress notes during your office face-to-face mobility evaluation.*

- 1. What medical condition(s) limit your patient's ability to participate in Mobility Related Activities of Daily Living (MRADLs) in their home?**
- 2. List what MRADLs in the home are IMPAIRED due to your patient's mobility limitation?
Some examples are:**
 - Moving from room to room
 - Dressing, Grooming, Toileting, Feeding, Bathing
- 3. Why can't a cane or walker meet your patient's mobility needs in the home?
Some examples are:**
 - Unsteady gait - history of 3 falls over past month
 - Upper Extremity (UE) and Lower Extremity (LE) strength of 2/5
 - Desaturates to 87%
 - Poor balance
- 4. Why can't a manual wheelchair meet your patient's mobility needs in the home?
Some examples are:**
 - UE strength of 1/5
 - Right sided weakness of 1/5 due to CVA
 - Decreased ROM of shoulder & joints
 - Grip strength of 2/5
 - Contractures of the hands
 - Pain level - 8/10 in shoulder and hands
- 5. Why can't a power wheelchair OR scooter meet your patient's mobility needs in the home? Some examples are:**
 - Cannot safely transfer in/out of POWER WHEELCHAIR
 - Home environment does not provide adequate access for maneuvering POWER WHEELCHAIR
 - Cannot operate tiller of POWER WHEELCHAIR
 - Lacks postural stability
 - UE strength of 1/5
- 6. Does the patient have the physical and mental abilities to operate a power wheelchair OR scooter safely in the home?**
- 7. Is the patient willing and motivated to use a power wheelchair OR scooter?**

Detailed Product Description/Prescription

Name _____

ICD's _____

DOB _____

Ht _____ Wt _____

Detail Product Description	HCPCS	Medicare Allowable	Suppliers Charge

Date of Face to Face Evaluation _____

Length of Need _____

Physician's Signature _____ Date _____

Printed Name _____ NPI _____

Address _____

Physician Resources

What's the process for evaluating and prescribing mobility products?

Step 1: Establishing a Medical Need

Your patient will need to schedule a mobility evaluation visit with you so you can determine if they are in medical need of a power mobility device. This must be a face-to-face office visit. During the visit, you must evaluate your patient's mobility needs based upon Medicare Coverage Criteria to determine if your patient's quality of life would improve by using a power mobility device. You will also be able to determine which type of mobility product would best fit your patient's physical needs. If you prescribe an electric wheelchair, your patient moves on to the next step in the approval process.

Several questions should be considered during this visit to determine if a medical need is present for your patient.



Step 2: Writing a Prescription

Once you've determined from the face-to-face mobility evaluation that your patient's mobility needs would best be served with an electric wheelchair or scooter; you'll need to provide several pieces of documentation within 45 days of the evaluation, including a prescription, clinical notes, and written summary in letter format on your letterhead. Please see the attached guidelines for writing a letter of medical necessity.

Step 3: Mobility Warehouse Begins Paperwork

Once we receive your medical assessment and recommendation, Mobility Warehouse Insurance Specialists will begin the necessary Medicare/Private Insurance paperwork and submit the forms on your patient's behalf. We will then follow up with any and all providers as needed.

*Insurance coverage depends on medical necessity as determined by insurer. Valid doctor's prescription required.

Step 4: Delivery and Training

Once approved, we will deliver an electric wheelchair/scooter directly to your patient's home. At this time, a Mobility Warehouse Delivery Technician will adjust your patient's power chair to their body for a more comfortable and supportive fit. Then, our Mobility Specialist will walk your patient through in-depth training on how to use their new mobility product.