

Patient: _____ Tentative Delivery Date: _____

The following is on file PRIOR TO delivery of PMD: Face –to-Face Date: _____

- Initial PMD Order with seven mandated elements**
The Patient Name, Item, Date of F-T-F, DX/Conditions, Length of Need, Physician/Practitioner Signature and Date must be documented on the Initial order. The order MUST be written AFTER the MD completes assessment/physical exam or if an LCMP clinical assessment is ordered, the MD signs concurrence. The supplier MAY NOT complete the information on a seven element Initial Order and send to the physician for signature.
- Physician Chart Notes/Progress Notes/Discharge Summary and LCMP Assessment (if ordered by physician)**
The physician chart note must indicate there was a face-to-face meeting between the patient and physician for the purpose of a mobility evaluation. The face-to-face meeting may take place prior to or after a PT/OT Assessment. A detailed summary should include, among other facts, the patient diagnostic history, strength assessment, range of motion, previous MAE utilized, and why existing MAE is no longer suitable or safe for use.
- The chart notes/assessment indicates patient’s ability (or with caretaker’s assistance) to complete one or more MRADL’s with the MAE ordered. An Algorithmic approach to specifying the required product is evident.**
The Medical Record shows patient has one or more mobility-related limitations for which the MAE ordered will alleviate within the home. Lower level MAE have been disqualified or the DX precludes use of a lower end product (e.g. C-3 quadriplegia)
- Physician Signature and Date illustrates concurrence with the outcomes of the LCMP Assessment**
The LCMP assessment must be sent to the physician for a signed/dated statement of concurrence (or disagreement) after completion. If the physician disagrees with any portion of the assessment, it must be documented prior to signing.
- Documentation was received within 45 days of the Face-To-Face Date. The Face-To-Face date is defined as:**
 - Date of Patient Examination and Functional Assessment by a Physician (*without use of clinician*) **OR**
 - Date the Physician signs and dates his concurrence with the LCMP Assessment report if pt. has been seen **OR**
 - Date physician saw patient following receipt of the LCMP Assessment **OR**
 - Date patient was seen in a clinical setting by LCMP and Physician; clinic physician is prescriber
 - Date of Discharge from a Hospital or Nursing Home Stay
- Documentation received is clearly date stamped (all documents) and was received 45 days from F-T-F date**
A Date Stamp or Fax Imprint is acceptable.
- An ATS or ATP employed by the supplier and who specializes in wheelchairs had direct in-person involvement in the wheelchair selection for the patient.** Information is on file documenting the services provided by the ATS or ATP; HR Dept. maintains credential on file. **(Requirement applies to Gp2 Sgl/Multiple power option; Gp3; Gp4; or Push Rim Activated Power Assist for manual chairs)**
- Detailed Product Description, listing all billable options is signed and dated by the physician/practitioner**
This form MUST be completed by Supplier and must contain all items billable to Medicare indicating: HCPC, Description/MFG, Model, Supplier Retail Charge and Medicare Allowable. For K0108 items, indicate N/A as Allowable. The supplier formats this document once the assessment is completed and all specifications have been determined.
- Delivery to take place within 120 days of the Face-to-Face date or within 6 months following ADMC determination**
- An IN-Home Assessment has been completed or will be completed upon Delivery**
The home assessment may be completed by the Supplier or practitioner and must demonstrate that the PMD can be adequately maneuvered inside the home considering the physical layout, doorway widths, thresholds and surfaces.
- An Attestation, signed and dated by the supplier, signifies there is no financial arrangement between LCMP and the supplier.**
Supplier must sign and date the attestation; the LCMP is not required to sign.

Date Reviewed: _____ Signature: _____

_____ PMD may be delivered and claim filed

_____ Do Not Deliver/omissions exist: _____