

PMD POLICY CHRONOLOGICAL SUMMARY

Date of Svc.	30 Day - 45 Day Rule F-T-F Order/Supporting Documents	7-Elements Order	Detailed Order	Detailed Product Description	Physician Billing Code G0372	Date Stamp	Delivery Rule
10/25/05	F-T-F Exam/Info forwarded 30 Days of F-T-F New PMD Only	Yes	Yes	No	Yes	No	90 Days from F-T-F
1/1/06-4/1/06	NEW: F-T-F Exam Required N/A: 30-Day rule Replacement: F-T-F Not Required if Medi previously covered	No-Follow PIM	Yes	No	No	No	90 Days from F-T-F
4/1/06-6/5/06	F-T-F Exam and forwarded 30 Days of F-T-F New PMD Only Replacement: F-T-F Not Required if Medi previously covered	Yes	Yes	No	Yes	No	90 Days from F-T-F
6/5/06	F-T-F Exam/Info forwarded 45 Days of F-T-F New OR Replacement EXCEPT if same HCPCS previously covered by Medicare	Yes	Yes	No	Yes	Yes	90 Days from F-T-F
8/10/06	Claims RECEIVED on this date and after: LCMP Attestation statement signed by supplier				(No Financial Involvement)		
8/24/06	F-T-F Exam/Info forwarded 45 Days of F-T-T New OR Replacement EXCEPT if same HCPCS previously covered by Medicare	Yes	No	Yes	Yes	Yes	120 Days from F-T-F or 180 Days from ADMC Approval
FINAL							
11/15/06	F-T-F Exam/Info forwarded 45 Days from F-T-F EXCEPT if a REPLACEMENT within 5 yrs and item is in same performance group previously covered by Medicare MD/ NOTES: Detailed Narrative required indicating patient was seen for purpose of mobility device HOME ASSESSMENT: MUST be completed by supplier or clinician prior to OR during delivery LCMP ATTESTATION: Supplier must attest there is no financial arrangement with clinician performing Specialty Evaluation	YES	NO	YES	YES	YES	120 -F-T-F 180-ADMC Approval
4/1/08	Specialty Evaluation REQUIRED: Gp 2 Sgl or Multiple Pwr Option PWC;Gp 3,Gp 4 PWC; Gp 5 andPush Rim Act.PwrAst fir Man WC Removed requirement that it must be performed by a RESNA certified ATP specializing in wheelchairs or a physician who is a board certified in Physical Medicine and Rehabilitation (Tri C Bulleting datd 12/07) Provider must employ a RESNA-certified ATS OR ATP specializing in WC's, and have direct in-person involvement in the wheelchair selection for patient						

7 Elements of F-T-F Order

Beneficiary Name

Date of F-T-F Exam

Pertinent DX/Conditions relating to need

Description of PMD ordered (may be generic)

Length of Need

Physician Signature

Physician Signature Date

Face to Face Date on Order: Date physician singularly completes exam/eval process; date physician signs off to LCMP Assessment; discharge date from facility

NCD Chron 4-1-08 gb

Detailed Product Description Prior to Delivery

Must include Supplier Charge and Medicare Allowable

If no established fee, must list "Non Applicable"