

**Medicare Process to have your insurance company assist with payment for a
Scooter (POV) or Motorized Wheel Chair (PMD)**
(Note: Other insurance companies may have other requirements for you to meet.)

Updated August 16, 2011

Step 1) Discuss with us:

What type of equipment you are interested in renting to own
What type of equipment will properly fit and work inside your home
Why you need it and what your ADL limitations are and diagnoses that cause your limitations
Sign HIPPA paperwork to give us permission to speak with your doctor and insurance company about your needs/process

Step 2) Have a brief discussion with your physician and be sure he/she is in agreement that you need the POV or PMD to correct your mobility needs. If so, you will need a prescription for a physical therapy evaluation for mobility product.

You may bring in the RX your self or
Have doctor fax script to (814) 466-6399 we will bring it to your evaluation appointment.

Step 3) Set up your Evaluation with the Physical Therapists and T & B Medical.

They will evaluate your upper and lower body strengths and weaknesses, safety of operation and transfer on and off the device ability to ambulate etc. They must also rule out that a cane, walker or manual wheelchair can not correct your mobility needs.

We will come to your appointment with equipment for you to be evaluated on.

Listed below are some Physical Therapy Facilities in the area:

Health South in Pleasant Gap	(814) 359-3421
Lemont Physical Therapy, Inc.	(814) 861-6608
O'Neill Physical Therapy	(814) 237-5134

Step 4) After your Evaluation, Make a 15-30 minute appointment with your physician for a Face-to-Face Examination. Call us with your appointment date and time, (814) 466-8736, so we can fax the Physical Therapists Evaluation along with the Medicare Physician's Resource Guide to your doctor to have it put on your chart for that days visit. Please note your doctor has 45 days from the date of the exam to complete the paperwork and send it to our office.

See page two for items that must be discussed and documented during your Face-to-Face Visit. These are very specific guidelines and if not followed, you will not be able to get a POV or PMD covered under your insurance.

Step 5) After we receive all your required paperwork from the doctor we will closely review it and send it through a Medicare PreScreen process, this may take up to two weeks to be returned to us. If it comes out of the review process that the coverage criteria have been met we will contact you and inform you of the good news. Please note that we have 120 days to make delivery, it will not take that long; however, if your product has to be ordered it could take up a few weeks before we are able to make delivery. If it comes out of the review process that the coverage criteria have not been met we go back to your physician for additional documentation if needed or we notify you that you do not qualify through your insurance company for the POV or PMD.

T&B Medical, Inc. · 3604 S. Atherton Street · State College, PA 16801
Phone: (814) 466-8736 · Toll Free: 1-888-950-0900 - Fax: (814) 466-6399

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List of Required Paperwork for a POV or PMD to be covered under your insurance:

- 1) Prescription for the Mobility Assist Device documenting the date of your Face-to-Face exam, patient's weight, diagnosis and estimated length of need
- 2) Signed and dated HCPC Letter describing equipment patient wants w/T&B price vs Medicare Allowable
- 3) Chart/Progress notes documenting your Face to Face Examination answering the coverage criteria questions from the set of guidelines. (See below for more information regarding the Face-to-Face requirements.)
- 4) Signed and dated Functional Mobility Evaluation.
- 5) Home Evaluation done by T & B Medical, Inc. to prove the POV/PMD you are requesting will fit through your home and that your home is handicapped accessible.

List of Items to be documented as part of your Face-to-Face Exam by your physician:

What Medicare looks for in a Face-to-Face...The Face-to-Face Examination Report should provide pertinent information about the following elements, but may include other details. Physicians shall document the examination in a detailed narrative note in their charts in the format that they use for other entries. The note must clearly indicate that a major reason for the visit was a mobility examination. Each element noted below would not have to be addressed in every evaluation. Medicare will consider all clinical documentation provided. Please keep in mind that Medicare is paying to make the patient mobile inside their home and assist them with their ADL's in the home.

- Symptoms
- Related Diagnoses
- History
- How long the condition has been present
- Clinical progression
- Interventions that have been tried and the results
- Past use of cane, walker, manual wheelchair, POV or PMD and the results
- Physical exam
- Weight
- Impairment of Strength, range of motion, sensation, or coordination of arms and legs
- Presence of abnormal tone or deformity of arms, legs, or trunk
- Neck, trunk, and pelvic posture and flexibility
- Sitting and standing balance
- Functional assessment-any problems with performing the following activities including the need to use a cane, walker or the assistance of another person
- Transferring between a bed, chair, and POV or PMD
- Walking around their home-to the bathroom, kitchen, living room, etc.-provide information on distance walked, speed and balance

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