

Medicare “Face to Face” Requirement between Physician and Patient

A Face to Face visit is only required for patients with Medicare funding who are requesting a power wheelchair or scooter. Medicare law requires that patients have a Face to Face examination by their physician in order to determine if a power mobility device is reasonable and necessary. A “7-element prescription” is also required. The prescription and face to face documentation must be sent to the supplier within 45 days of the face to face visit.

Who Can Perform Face to Face Examination?

The face to face visit may be done by your primary physician, physician assistant, or a nurse practitioner.

The 7-element prescription must include the following information on the prescription for your wheelchair.

- Your name
- Description of the item ordered. (example: power wheelchair/manual wheelchair/scooter)
- Date of completion
- Pertinent diagnosis/conditions that relate to the need for a power mobility device
- Length of need
- Physician signature
- Date of face to face evaluation

Report of the Face to Face Examination should provide objective information rating to the following. The dictated report should include pertinent information regarding the following:

- Describe your mobility limitation (diagnoses) and how it interferes with your mobility related activities of daily living (MRADLs) in your home. Medicare defines MRADLs as bathing, dressing, feeding, grooming, and or toileting in customary locations of the home.
- History and physical examination that includes height and weight.
- Prognosis
- Physical examination with a focus on functional assessment. Is the patient having difficulty performing ADLs in standing or from whatever current device they are using?
- Past use of a cane, walker, manual wheelchair, scooter, or power wheelchair.
- Why can't a cane, walker or manual wheelchair meet mobility needs of this patient within the home?
- The physician must document this need even if he/she refers the patient for a PT/OT evaluation.
- The physician must keep in mind that Medicare requires that the device must be necessary for mobility inside the home to complete ADL's. Medicare will not fund equipment that is needed solely for community use.

Time frames for getting documentation to the supplier:

- Medicare requires that the face to face report and 7-element prescription be provided to the supplier within 45 days of the date of the face to face visit. Suppliers will request the face to face documentation from the physicians chart notes/ medical records.
- If the physician refers to a PT or OT for an evaluation, the 45 day time limit starts from the date the physician signs off on the PT or OT documentation.
- The evaluation by the PT or OT does not take the place of the Face to Face requirement.