

MLN Matters Number: MM4121

Related Change Request (CR) #: 4121

Related CR Release Date: November 4, 2005

Effective Date: October 25, 2005

Related CR Transmittal #: 748

Implementation Date: October 25, 2005

MMA - New G Code for Power Mobility Devices (PMDs)

Note: This article was revised to contain web addresses that conform to the new CMS website and to show they are now MLN Matters articles. All other information remains the same.

Provider Types Affected

Physicians, suppliers, and providers billing Medicare carriers for services related to power mobility devices (PMDs)

Provider Action Needed



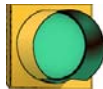
STOP – Impact to You

This article is based on Change Request (CR) 4121, which announces that a new G Code (G0372) has been established to recognize the additional physician service and resources required to establish and document the need for PMDs.



CAUTION – What You Need to Know

The new G code is only payable if all of the information necessary to document the PMD prescription is included in the medical record after a face-to-face examination of the beneficiary, and the prescription is received by the PMD supplier within 30 days after the face-to-face examination.



GO – What You Need to Do

Please see the *Background* section of this article for further details.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Background

The Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA, Section 302(a)(2)(E)(iv)) details the revised conditions for Medicare payment of PMDs. It states that payment for motorized or power wheelchairs may not be made unless a face-to-face examination of the beneficiary has been conducted, and a written prescription (order) for the PMD has been provided by a:

- Physician (as defined in Section 1861(r)(1) of the Social Security Act);
- Physician assistant;
- Nurse practitioner; or
- Clinical nurse specialist (as those terms are defined in Section 1861(aa)(5) of the Social Security Act).

Note: Payment for the history and physical examination will be made through the appropriate evaluation and management (E&M) code corresponding to the history and physical examination of the patient.

New G Code

Due to the MMA requirement that the physician or treating practitioner create a written prescription and a regulatory requirement that the physician or treating practitioner prepare pertinent parts of the medical record for submission to the durable medical equipment supplier, the Centers for Medicare & Medicaid Services (CMS) has established the new G Code (G0372) to recognize additional physician services and resources required to establish and document the need for a PMD.

CMS believes that the typical amount of additional physician services and resources involved is equivalent to the physician fee schedule relative values established for a level 1 office visit for an established patient (Current Procedural Terminology (CPT) code 99211).

The payment amount for such a visit is \$21.60; therefore, the payment amount for G0372 for 2005 will be \$21.60, adjusted by the geographic area where the services is provided, and based on the physician fee schedule values for a level 1 established patient office visit (CPT 99211).

Code G0372 indicates that:

- All of the information necessary to document the PMD prescription is included in the medical record; and

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- The prescription, along with the supporting documentation, has been received by the PMD supplier within 30 days after the face-to-face examination.

Effective October 25, 2005, G0372, will be used to recognize additional physician services and resources required to establish and document the need for the PMD, and it will be added to the Medicare physician fee schedule.

G Code & Payment Information	Short Descriptor	Long Descriptor
G0372 Procedure Status = A WRVU = 0.17 Non-Facility PE RVU = 0.39 Facility PE RVU = 0.06 Malpractice RVU = 0.01 PC/TC = 0 Site of Service = 1 Global Surgery = XXX Multiple Procedure Indicator = 0 Bilateral Procedure Indicator = 0 Assistant at Surgery Indicator = 0 Co-Surgery Indicator = 0 Team Surgery Indicator = 0 Diagnostic Supervision = 0 Type of Service = 1	MD service required for PMD	Physician service required to establish and document the need for a power mobility device

Implementation

The implementation date for the instruction is October 25, 2005.

Additional Information

For full details regarding wheelchair coverage, visit the CMS page for wheelchairs at http://www.cms.hhs.gov/CoverageGenInfo/06_wheelchair.asp#TopOfPage on the CMS website.

For complete details on the new G code, please see the official instruction issued to your carrier regarding this change. That instruction may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R748CP.pdf> on the CMS website.

If you have any questions, please contact your carrier at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLN/tollnums.asp> on the CMS website.

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