

Evaluated By: _____
 Mark For: _____
 Date: _____
 Account #: _____

 Company: _____
 Address: _____
 Phone: _____

K0800 - Group I, Standard Duty, Power Operated Vehicle
 GB106 **BUZZaround Lite - 3 Wheel Scooter**
 250 lb weight capacity with 17" X 16" Stadium Style Seat **\$1,575.00**
THREE INTERCHANGEABLE COLORS
 Red **Blue** **Sahara**
OPTIONAL SEATING - Additional Charges Apply
 18" W X 16" D Black Vinyl Stadium Seat **\$80.00**
OPTIONAL ACCESSORIES - Additional Charges Apply

<input type="checkbox"/> Rear Basket	n/a	\$72.00	<input type="checkbox"/> Quad Cane Holder	E2207	\$116.40
<input type="checkbox"/> Scooter Cover	n/a	\$117.60	<input type="checkbox"/> Side View Mirror	n/a	\$45.60
<input type="checkbox"/> Lap Belt	E0978	\$45.60	<input type="checkbox"/> Cane Holder Tube	E2207	\$48.00
<input type="checkbox"/> Pack N' Go	n/a	\$62.40	<input type="checkbox"/> Crutch Holder Tube	E2207	\$84.00
<input type="checkbox"/> Flag*	n/a	\$19.20	<input type="checkbox"/> Walker Holder	K0108	\$110.40

*Not available on optional seating

BASIC EQUIPMENT PACKAGE FOR POWER OPERATED VEHICLES

(2) 12 Volt/12 Amp Hour Batteries	17" W X 16" D Black Vinyl Stadium Seat
Battery Charger	(1) 8" Flat Free Front Tire
Non-Expandable Controller w/ Proportional Response to Input	(2) 8" Flat Free Rear Tires
	Adjustable Delta Tiller

SPECIFICATIONS

Model	Length	Width	Turning Radius	Top Speed	Range* (miles)
GB106 - 3 wheel	36.5"	21.25"	31"	4 mph	8 miles

* Battery range will vary due to rider weight, drive surface and drive slope

WARRANTY

Metal Frame - Limited Lifetime	Battery Charger - 2 Year	Controller - 2 Year
Drive Train - 2 Years	Electrical Components** - 2 Year	** Does not include Batteries.

ASSIGNMENT OF A HCPCS CODE DOES NOT INDICATE COVERAGE OR PAYMENT FOR THE ITEM.

The intent of this form is as a Medicare Worksheet and not an Order Form. Prices listed are the Golden Technologies MSRP for each product and they are not the allowables for Medicare.

Totals
\$
\$
\$
\$
\$
Total Cost

Power Operated Vehicle (POV) Documentation Checklist

HCPCS Codes K0800 - K0808, K0812

All POV Codes

Detailed Written Order must contain ALL of the following elements:

- | | |
|---|--|
| <input type="checkbox"/> Beneficiary's name | <input type="checkbox"/> Length of need |
| <input type="checkbox"/> Description of the item (may be general – e.g., "power mobility device" or may be more specific) | <input type="checkbox"/> The treating physician's signature |
| <input type="checkbox"/> Date of completion of the face-to-face examination | <input type="checkbox"/> The date the treating physician signed the order |
| <input type="checkbox"/> Pertinent diagnoses/conditions that relate to the need for the power mobility device | <input type="checkbox"/> Date stamp or equivalent documents date the supplier received the written order |

Written order was received within 45 days after completion of the face-to-face exam and prior to delivering POV to patient.

Detailed Product Description that:

- Lists the specific base (HCPCS code and narrative description and mfg. name/model), and
- Lists all options and accessories that can be billed separately (HCPCS code and narrative description and mfg. name/model), and
- Lists the supplier's charge and Medicare fee schedule allowance for each separately billed item, and
- Was signed and dated by physician; and
- Has a date stamp or equivalent documenting supplier's receipt date

Beneficiary Authorization

Proof of Delivery

On-site Home Assessment establishing that:

- The beneficiary is able to use the POV ordered to assist with ADLs in the home
- The patient's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the POV that is provided

Face-to-face medical evaluation meeting all of the following criteria:

- The evaluation occurred BEFORE the physician completed 7-element written order.
- The findings are documented in a detailed narrative note in the format used for other entries.
- The note clearly indicates that a major reason for the visit was a mobility examination.
- The patient has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADL) in the home
- The mobility deficit cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker
- The patient does not have sufficient upper extremity function to self propel an optimally-configured manual wheelchair in the home to perform MRADLs during a typical day
- The patient is able to safely transfer to and from a POV
- The patient is able to operate the tiller steering system
- The patient is able to maintain postural stability and position while operating the POV in the home
- The patient's mental capabilities (e.g., cognition, judgment) and physical capabilities (e.g., vision) are sufficient for safe mobility using a POV in the home
- The patient's weight is less than or equal to the weight capacity of the POV that is provided
- Use of a POV will significantly improve the patient's ability to participate in MRADLs and the patient will use it in the home
- The patient has not expressed an unwillingness to use a POV in the home

Date stamp or equivalent documents date supplier received a copy of the face-to-face exam

Supplier attestation stating that there is no financial relationship between the person completing the face-to-face examination and the supplier

NOTE:

Physicians must document the findings of the face-to-face 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.

Many suppliers have created forms which have not been approved by CMS which they send to physicians and ask them to complete. Even if the physician completes this type of form and puts it in his/her chart, this supplier-generated form is not a substitute for the comprehensive medical record as noted above. Suppliers are encouraged to help educate physicians on the type of information that is needed to document a patient's mobility needs.

See the "Documentation Requirements" section of LCD for Power Mobility Devices for a description of the pertinent information that should be documented in a face-to-face exam.

The information that the supplier must obtain before submitting a claim to the DME contractor is described in detail in the LCD and Policy Article. However, if the DME MAC or other Medicare Contractor asks for documentation on individual claims, additional documents (e.g., notes from prior visits, test reports, etc.) shall also be obtained from the treating physician to provide a historical perspective that reflects the patient's condition in the continuum of care, corroborating the information in the face-to-face examination, painting a picture of the patient's condition and progression of disease over time.

Group 2 POVs (K0806 – K0808)

Group 2 POVs have added capabilities that are not needed for use in the home. Therefore, if a Group 2 POV is provided and coverage criteria for a POV are met, payment will be based on the allowance for the least costly medically appropriate alternative, the comparable Group 1 POV.

Modifier Reminders

Items billed before a signed and dated order has been received must be submitted with modifier EY added to each affected HCPCS code.

If all the LCD coverage criteria are met, add modifier KX to the POV base code; otherwise DO NOT use modifier KX.

If the POV is only to be used for mobility outside the home, modifier GY must be added to the base code.

This document is for educational purposes only and should not be considered legal advice.