

Funding Wheelchairs: Does your doctor know what documentation is required?

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Ideal Process of obtaining a Mobility Device

- Request initiated by
 - Beneficiary/Family, Physician, Nurse Practitioner, Physician Assistant



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Process Continued

- Beneficiary has a face to face visit with his/her Physician. Physician documents evaluation in progress notes and completes a 7 element prescription.
- Physician can refer client for a PT or OT for evaluation.



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Process map continued

- Clinical Evaluation (client, clinician and supplier team)
- Trial of equipment and specific recommendations written
- Justification of equipment written and physician signs off on equipment recommendations.



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Supplier completes the following

- Home accessibility evaluation completed
- Supplier creates detailed product description along with pricing and coding for each item.
- Submit to funding source for approval.
- Supplier orders equipment once approval received.
- Delivery, fitting, training, and reassessment by clinical team completed



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Who can do the face to face visit and prepare documentation?

Doctor? Therapist? Supplier?

- Each professional has roles and responsibilities as well as specific documentation requirements that must be completed to justify the need for a specific device.
- Only a physician, nurse practitioner, or Phys. Assistant can perform face to face visit.



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“Why Should You Care?”

Delivery Delays and Frustration.

Supplier will never order your equipment if he/she does not receive documentation within 45 day time frame.

If supplier does provide equipment and documentation requirements are not met, then Medicare will deny equipment.



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How do the funding sources differ when it comes to documentation requirements?

Medicaid: separate prior authorizations needed for both the evaluation and the equipment. Also requires face to face for power wheelchair.

Private Insurance: prior authorization

Medicare: No prior authorization. Supplier must have copy of physician's 7 element prescription and documentation from the face to face evaluation



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Medicaid Policy changes

- **Physician must identify a change in condition or an acute illness (examples: pressure ulcer/ decline or loss in function/unsafe equipment) in order for therapy evaluation to be approved**
- Prior authorization for therapy evaluation and treatment. Process takes about 1 month.
- Medicaid also requires supplier to obtain prior authorization for equipment prior to ordering your chair.



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Private Insurance

- **Physician must write justification for equipment or “sign off” on clinician recommendations for equipment.**
- All private insurance companies still require prior authorization of equipment.
- Most insurance companies have preferred suppliers or contracted suppliers that you must go through to get your equipment.



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Medicare Power Mobility Documentation Requirements

(Effective October 25, 2005)

1. Physician must perform “Face-to-Face Evaluation with client”
 - Required for all Power wheelchairs and POV (Scooters)
 - Must contain specific information regarding clients condition and justify need for power mobility device.
2. Physician must create a 7 element prescription.



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Why did Medicare change?

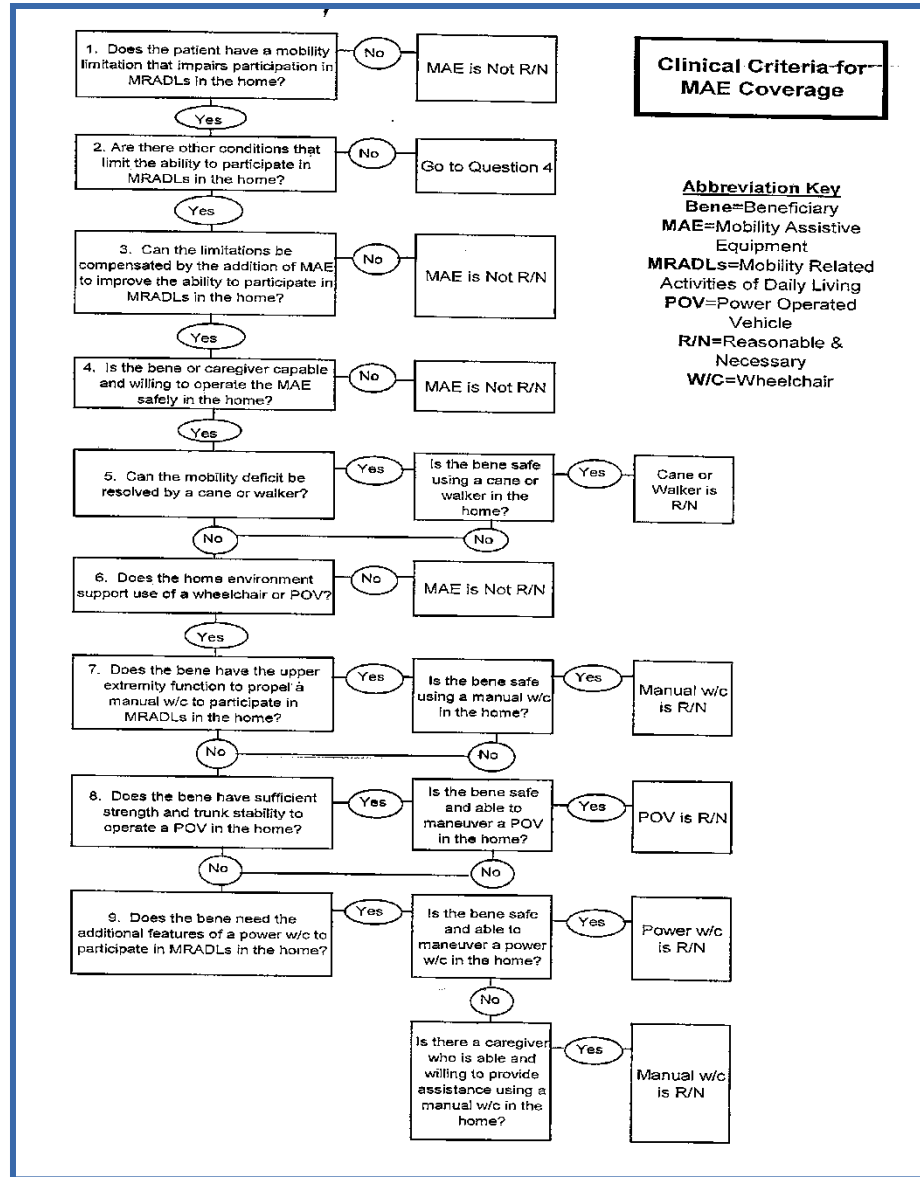
Uncontrolled Spending!!!

- OIG is investigating the proliferation of DME fraud cases involving inflated billing, charges for equipment not delivered, and falsification of documents to qualify beneficiaries for wheelchairs and other equipment.
- Spending increases 450% over 4 years.
- In Harris Co. Texas alone Medicare paid for more than 31,000 PWCs in 2002 as compared to 3,000 in 2001.
- Nationally, total Medicare payments for PWCs increased from \$289 million in 1999, \$538 million in 2001, 845 million in 2002. Number of beneficiaries with at least one claim for a PWC went from 55,000 in 1999 to 159,000 in 2002 an increase of 189 percent.
- OIG announces “Operation Wheeler Dealer”



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MAE Algorithmic Flow Chart



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Physician's Role/Responsibilities



- Must perform face to face evaluation and enter supportive documentation into medical record
- Medical Necessity for Power Mobility Devices now depends on justification documented in the medical record
- Documentation must be created by physician, physician assistant or a nurse practitioner
- CMN is no longer needed



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Progress Notes: Face-To-Face Examination Report

- CMS directors are wanting chart notes with diagnoses and medical history.
- Want to know what is person's mobility limitation and how does it interfere with ability to perform activities of daily living
- Why can't a cane or walker meet patient's mobility needs in home?
- Why can't manual wheelchair meet patient's mobility needs in home?
- Why can't scooter meet patient's mobility needs in home?
- Does patient have the physical & mental capacity to operate a power wheelchair safely in home?



Is the home accessible to prescribed equipment/POV?

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7-Element Prescription for Power Mobility must contain:

1. Beneficiary's name
2. Description of item that is ordered. May be general - e.g., "power wheelchair" or "power mobility device"- or can be more specific
3. Date of completion of face-to-face examination report
4. Pertinent diagnoses/conditions that relate to the need for the power mobility device.
5. Length of need
6. Physician signature
7. Date of physician signature (This date must be on or after the completion of the face to face examination report)



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Physician must submit order and documentation to supplier

- Must submit order and chart notes to supplier within 45 days of the face to face examination
- If refers to PT/OT for evaluation, physician must obtain copy of evaluation and indicate concurrence or disagreement with assessment.
- If referred to PT/OT, physician must co-sign therapist assessment and submit a copy to supplier within 45 days of the date that the assessment was co-signed.



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Letter of Medical Necessity - Power Mobility Device

- Evaluation may be referred out by physician
 - Evaluation/LMN for base may not be done by anyone employed by or paid by the supplier.
 - Must provide necessity of all billable accessories.
 - Must be signed & dated by physician indicating agreement
 - Must describe why cane, walker, manual wheelchair, POV is not appropriate
 - If not specifically addressed, Medicare should be able to easily infer from client's functional condition his/her inability to use lower level equipment



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Face to Face Documentation should Include:

- Beneficiaries signs/symptoms that limit ambulation
- Diagnoses that are responsible for these symptoms
- Medications or other treatment of these symptoms.
- Progression of ambulation difficulty over time.
- History or other diagnoses that may relate to ambulatory problems.
- Pace of ambulation, and assistive devices.
- History of falls, including frequency
circumstances url length of time condition present
- Clinical progression
- Attempted interventions & results



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Physician Documentation Should Include:

- Weight/height
- Musculoskeletal exam: Impairment of strength, range of motion
- Neurological Exam: , sensation, balance, coordination
- What has changed in the patient's condition that now requires the use of a power mobility device?
- Why does pt. need a power mobility device rather than each level of mobility assistive equipment (Cane, walker, manual wheelchair, scooter)?
- How Mobility device will allow for person to perform MRADLs in their home.



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Supplier Responsibilities

- Must receive face to face evaluation and order within 45 days and date stamp these documents upon receipt.
- Supplier must complete home assessment survey.
- Obtain an ABN for non-covered or luxury items.
- Supplier must deliver product within 120 days from date of face to face examination.
- Make concerted effort to collect co-pay.
- Maintain written orders and supportive documentation for



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The Co-payment

- Can be paid by a supplemental policy
- Cannot be waived. If it is Medicare can consider it the suppliers customary charge
- Suppliers has to show an effort to collect payment.



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Supplier Documentation

- Detailed product description includes
 - Lists HCPCs code manufacturer name/model
 - All options and accessories that are billed separately
 - Medicare fee schedule allowance for each separately billed item
 - The physician must sign and date this detailed product description and the supplier must receive it prior to delivery of PMD.



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Is it medically necessary?



- Document safety
- Risk of injury
- Within a reasonable time frame

Key Points to Medicare Funding of Power Mobility Device

Face to Face Visit

- Must be completed by physician, NP, PA
- Must create a 7 element prescription

Physician must document need for power mobility device



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Thank You!!!

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Resources

- <http://www.cms.hhs.gov/medlearn/powerwheelchair.pdf> (coverage information)
- www.cms.hhs.gov/coverage
- www.pridemobility.com
- www.invacare.com
- www.sunrisemedical.com
- www.cliniciantaskforce.org



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