



Medicare Funding for Complex Rehab Technology: CMS Documentation Requirements Explained

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AGENDA

- Power Wheelchair Documentation
- The F2F Completion Date Theory & How to Calculate the Date
- The PMD Prior Authorization Project
- Document Correction
- Common Pitfalls
- The Role of the ATP
- Diagnosis Codes & Equipment
- Seating
- K0005 – The Mystery Explained
- E1161 General Coverage Criteria
- Documentation Requirements for K0005 & E1161
- Q & A

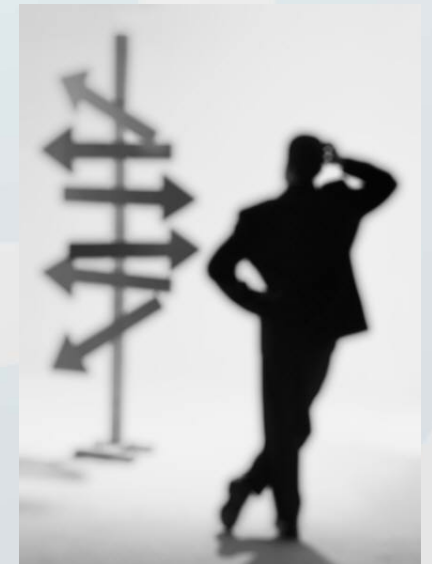
LEARNING OBJECTIVES

- The participant will be able to list 2 of the documentation requirements, per Medicare Local Coverage Determination, for K0005, E1161 and power wheelchairs.
- Upon completion, the participant will be able to briefly describe Medicare's concept of the complete face to face for power mobility, explain the role of the therapist's evaluation and the doctor's face to face examination and requirements of each, and the theory of the face to face completion date.
- The participant will be able to briefly describe Medicare's interpretation of seating and positioning qualifications, per Medicare's Seating Local Coverage Determination and documentation requirements of the same.
- Upon completion, the participant will have a brief overview of Medicare's "Amendments, Corrections & Delayed Entries in Medical Documentation."

DOCUMENTATION REQUIRED FOR A GROUP 3 PWC

- F2F Evaluation
- Specialty Evaluation
- 7 Element Written Order
- Detailed Product Description

Now...let's break each component down.



THE F2F CHART NOTE

- The F2F must occur BEFORE the physician completes the 7 element written order.
- Medicare requires the doctor's findings to be documented in a detailed narrative note in the same format as all other entries in the client's file.
- The note needs to clearly indicate that the major reason for the visit was a mobility examination.
- The history should paint a picture of the patient's functional abilities and limitations on a typical day. It should contain as much objective data as possible.



THE F2F SHOULD INCLUDE...

- History of the present condition(s) and past medical history that is relevant to mobility needs.
- Symptoms that limit ambulation
- Diagnoses that are responsible for these symptoms
- Other diagnoses that may relate to ambulatory problems
- Medications or other treatments for these symptoms
- Progression of ambulation difficulty over time
- How far the patient can walk without stopping
- Pace of ambulation
- History of falls, including frequency, circumstances leading to falls, and why lesser equipment would not be sufficient
- What ambulatory assistance (cane, walker, MWC, caregiver, etc.) is currently being used and why isn't it sufficient?

AND...

- What has changed to now require the use of a power mobility device?
- Description of the home setting
- The ability to perform MRADLs in the HOME
- Physical Examination that is relevant to mobility needs.
- Weight & Height - Medicare will deny even a standard PWC if the client exceeds 95% of the weight capacity per Medicare guidelines.
- Cardiopulmonary examination
- Musculoskeletal examination including upper and lower extremity strength and range of motion measurements
- Neurological examination including gait, balance and coordination

THE SPECIALTY EVALUATION...

MUST BE PERFORMED BY A LICENSED, CERTIFIED MEDICAL PROFESSIONAL – LCMP (PT, OT OR PHYSIATRIST) WITH SPECIAL TRAINING IN REHABILITATION WHEELCHAIR EVALUATIONS, AND INCLUDES:

- Documentation of the client's mobility limitation that significantly impairs his/her ability to participate in one or more MRADLs within the HOME.
- Documentation that the mobility deficit cannot be sufficiently and safely resolved by the use of a/an:

Appropriately fitted cane or walker

MWC – lack of UE strength to self-propel during a typical day.

SPECIALTY EVALUATION - CONTINUED

Ruling Out the Scooter/POV

- unable to transfer to or from and/or
 - unable to operate the tiller steering system and/or
 - unable to maintain postural stability and position to operate within the home and/or
 - the patient's home will not accommodate.
-
- The patient's weight is less than or equal to 95% of the weight capacity of the PWC that is being provided.
 - Use of a PWC will significantly improve the patient's ability to participate in their MRADLs within the HOME.

SPECIALTY EVALUATION - CONTINUED

- The patient has not expressed an unwillingness to use the PWC in the home.
- Documentation of the following:
 - Medical necessity of the base
 - Medical necessity of the special features
 - Seating & Positioning needs
 - Medical necessity of all options & accessories (why they are needed to address the mobility limitation)
 - The person performing the evaluation can have NO financial relationship with the supplier.

THE 7 ELEMENT WRITTEN ORDER

Must contain each of the following elements and must be COMPLETED BY THE PHYSICIAN after conducting the F2F examination (can be on the same day, but never before):

- Beneficiary's Name
- Description of the Item
- (may be general – e.g. “power wheelchair”), or may be more specific
- Date of the **completion** of the F2F examination
- Pertinent diagnosis or conditions that relate to the power mobility device
- Length of need
- The treating physician's signature
- The date the treating physician signed the order

7 ELEMENT WRITTEN ORDER – QUICK REMINDERS

Seven Element Written Order

1. Patient Name: _____

2. Face to Face Completion Date: _____

Per Medicare guidelines, use the most recent date – either the date of the office visit or the date the PT/OT evaluation is signed.

***graphic abbreviated for content only

- The Numotion 7 Element Written Order has been revised for easier use.
- Contains a more accurate statement under element #2 to assist the physician with understanding the face to face completion date.
- **The 7 Element Written Order is to be completed entirely by the physician.**
- **No fields can be completed by the supplier or medical office staff.**

F2F COMPLETION DATE SCENARIOS

Event	F2F Date Is...
Physician sees the patient and conducts the exam	Date of the Progress Note or Exam
Physician sees the patient, refers out to an LCMP for an evaluation, receives, reviews, concurs, signs and dates the eval without seeing the client for a second time.	Date the physician signs the LCMP's eval.
Physician sees the patient, refers patient to LCMP for an evaluation, receives and reviews the LCMP eval, then sees the client for a 2 nd time.	Date of the 2 nd physician's visit.
Physician refers the patient to LCMP for evaluation, receives and reviews the exam and sees the client.	Date the physician sees the patient.
Exam performed while the patient is in the hospital or SNF.	Date of discharge.



THE DETAILED PRODUCT DESCRIPTION



The Detailed Product Description Must Contain:

- Listing of all options and accessories separately billed.
- Narrative description; or
- Brand name/model number
- DPD must be signed and dated by the physician after the date of the 7 element written order and prior to delivery.
- **Must contain a date stamp to document receipt date.**
- **Must be received prior to delivery, but not held to the same 45-day timeline as the rest of the documentation.**



Sling/Solid Seats & General Use Cushions: Certain Denial



Local Coverage Determination (LCD) for Power Mobility Devices (L23598)

MISCELLANEOUS:

A POV or power wheelchair with Captain's Chair is not appropriate for a patient who needs a separate wheelchair seat and/or back cushion. If a skin protection and/or positioning seat or back cushion that meets coverage criteria (see Wheelchair Seating LCD) is provided with a POV or a power wheelchair with Captain's Chair, the POV or PWC will be denied as not reasonable and necessary. (Refer to Wheelchair Seating LCD and Policy Article for information concerning coverage of general use, skin protection or positioning cushions when they are provided with a POV or power wheelchair with Captain's Chair.)

For patients who do not have special skin protection or positioning needs, a power wheelchair with Captain's Chair provides appropriate support. Therefore, if a general use cushion is provided with a power wheelchair with a sling/solid seat/back instead of Captain's Chair, the wheelchair and the cushion(s) will be covered only if either criterion 1 or criterion 2 is met:

1. The cushion is provided with a covered power wheelchair base that is not available in a Captain's Chair model – i.e., codes K0839, K0840, K0843, K0860 – K0864, K0870, K0871, K0879, K0880, K0886, K0890, K0891; or
2. A skin protection and/or positioning seat or back cushion that meets coverage criteria is provided.

If one of these criteria is not met, both the power wheelchair with a sling/solid seat and the general use cushion will be denied as not reasonable and necessary.

THE PMD PRIOR AUTHORIZATION DEMONSTRATION PROJECT

- The goal of the program is to develop and demonstrate improved methods for investigation and prosecution of fraud in the provision of PMDs.
- Effective **9/1/12** in 7 states:
 - California, Illinois, Michigan, New York, North Carolina, Florida and Texas.
- Effective **10/1/14**, the following 12 states are joining the PMD Prior Authorization Project:
 - Arizona, Georgia, Indiana, Kentucky, Louisiana, Maryland, Missouri, New Jersey, Ohio, Pennsylvania, Tennessee, and Washington
- The following products are subject to a prior authorization process:
 - Group 1 POVs – K0800-K0802 and K0812
 - All standard power wheelchairs (K0813 – K0829)
 - All Group 2 complex rehab PWCs (K0835 – K0843)
 - All Group 3 complex rehab PWCs w/out power options (K0848 – K0855)
 - Pediatric PWCs (K0890 – K0891)
 - Misc. PWCs (K0898)
- Note: Group 3 complex rehab PWCs with power options (K0856 – K0864) are **EXCLUDED**.
- **All required documentation must be submitted with the PA request.**

THERAPIST EVALUATION = VALUE ADDED



- 50% of orders in the Medicare Demonstration Project are denied.
- A majority of the denied prior authorizations relied on Physician chart notes and did not include a therapy evaluation.
- When the customer sees a therapist for a wheelchair evaluation, the approval rate jumps to around 90%.
- When there is a comprehensive therapy evaluation, the process moves faster and the customer is more likely to get their chair approved without needing repeat visits.

DOCUMENT CORRECTION

- Corrections must include a strike through original content with a single line.
- Correct content.
- **Sign and date revision with full signature and date.**
- Amendments or delayed entries must be clearly signed and dated upon entry into the record.
- Electronic Health Records (EHR): corrections or delayed entries must:
 - a. Distinctly identify any amendment, correction or delayed entry, and
 - b. Provide a reliable means to clearly identify the original content, the modified content, and the date and authorship of each modification of the record.

Source: CMS' Program Integrity Manual 3.3.2.5 - Amendments, Corrections and Delayed Entries in Medical Documentation (Rev. 442, Issued: 12-07-12, Effective: 01-08-13, Implementation: 01-08-13)

DOCUMENT CORRECTION – WHAT'S IN A DATE?



- When the author of a document has signed and dated a document, that is considered the final copy.
- Any revisions or corrections are signed and dated.
- That correction, in effect, has reopened the document.
- The author of the document must resign and date again to close and finalize.

PT/OT EVALUATION FORMATS



- Clinician or the Clinic's own form (meeting all coverage criteria)
- Orion FME
- Illinois Seating/Mobility Evaluation (12 Page Eval)
- State Medicaid and other Payer Specific Wheelchair or Equipment Forms; as required but must be approved for Medicare Funding

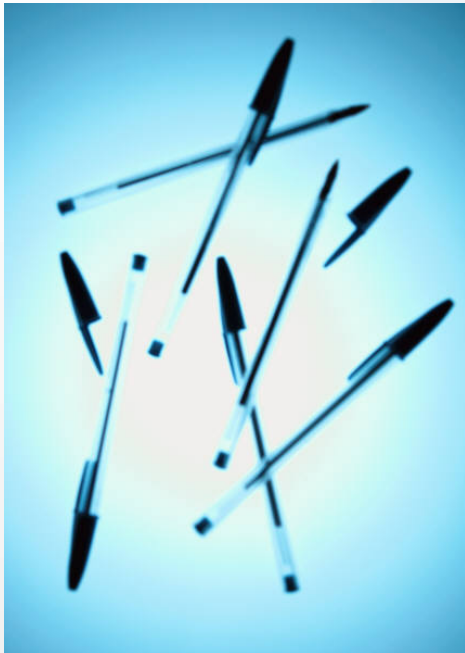
NO MATTER THE FORMAT, QUALITY IS KEY



COMMON PITFALLS

- Eval completed by the ATP only (supplier generated form).
- Missing equipment justifications or clinical rationale to justify the equipment as spec'd.
- Missing therapist signature and date.
- All pages of a document must be included for review.
- Clinical inconsistencies.
- Signatures and/or signature dates are missing or incomplete.
- No documentation that the Supplier's ATP was involved in the wheelchair selection.

WHAT CAN THE ATP COMPLETE?



- The ATP can never complete any portion of the PT/OT Evaluation prior to, or after the evaluation.
- The only exception is the demographics portion of the form, which may be completed before the evaluation.
- The ATP must complete a separate Client Assessment for all Medicare orders requiring ATP involvement per Medicare policy.
- The Client Assessment must be completed, signed and dated by the ATP, including credentials to prove involvement in the mobility evaluation.

DIAGNOSIS CODES AND EQUIPMENT

- Medicare Local Coverage Determinations, LCDs, stipulate that certain pieces of equipment are covered for beneficiaries who meet certain coverage criteria.
- This may include ICD-9 diagnosis codes and/or specific clinical criteria.



DIAGNOSIS CODES AND EQUIPMENT

Some examples of diagnosis driven equipment include:

- ✓ Group 3 power wheelchair
- ✓ Seating: Skin Protection and/or Positioning Seat Cushions
- ✓ Positioning Backs
- ✓ Positioning Accessories – lateral and medial supports, etc.
- ✓ Custom Fabricated Seating

Don't forget, Medicare policy doesn't stop at the diagnosis as the only requirement. The client must have clinical coverage criteria in their medical record as well. Let's explore some of those.

GROUP 3 POWER WHEELCHAIR

With respect to diagnosis codes, a Group 3 power wheelchair is covered if:

- “mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity.”
- Medicare implies that **myopathies and deformities** should be **progressive and/or congenital**.



DIAGNOSIS CODES AND EQUIPMENT

Diagnoses that typically qualify only for Group 2 PWC:

- ✓ Arthritis
- ✓ Spinal Stenosis
- ✓ Peripheral Neuropathy
- ✓ Diabetic Neuropathies

DIAGNOSIS CODES AND EQUIPMENT

SEATING:

Skin Protection and/or Positioning Seat Cushions

- Positioning Backs
- Positioning Accessories
- Custom Fabricated Seating



Must have a manual wheelchair or power wheelchair with sling/solid seat and back and meet MCR coverage criteria for the skin protection and/or positioning seat or back.

SKIN PROTECTION CUSHIONS

SKIN PROTECTION CUSHIONS: E2603, E2604, E2622, E2623

Clinical criteria necessary:

- ✓ Current or history of pressure ulcer on area of contact with seating surface – back, hips, or buttock, and have 707.03, 707.04, or 707.05 in medical record; OR
- ✓ Absent/impaired sensation or inability to carry out weight shift due to one of the following diagnoses:



DIAGNOSIS CODES AND EQUIPMENT

138	LATE EFFECTS OF ACUTE POLIOMYELITIS
323.82	OTHER CAUSES OF MYELITIS
330.0 - 330.9	LEUKODYSTROPHY - UNSPECIFIED CEREBRAL DEGENERATION IN CHILDHOOD
331.0	ALZHEIMER'S DISEASE
332.0	PARALYSIS AGITANS
333.4	HUNTINGTON'S CHOREA
333.6	GENETIC TORSION DYSTONIA
333.71	ATHETOID CEREBRAL PALSY
334.0 - 334.9	FRIEDREICH'S ATAXIA - SPINOCEREBELLAR DISEASE UNSPECIFIED
335.0 - 335.21	WERDNIG-HOFFMANN DISEASE - PROGRESSIVE MUSCULAR ATROPHY
335.23 - 335.9	PSEUDOBULBAR PALSY - ANTERIOR HORN CELL DISEASE UNSPECIFIED
336.0 - 336.3	SYRINGOMYELIA AND SYRINGOBULBIA - MYELOPATHY IN OTHER DISEASES CLASSIFIED ELSEWHE
340	MULTIPLE SCLEROSIS
341.0 - 341.9	NEUROMYELITIS OPTICA - DEMYELINATING DISEASE OF CENTRAL NERVOUS SYSTEM UNSPECIFIED
342.00 - 342.92	FLACCID HEMIPLEGIA AND HEMIPARESIS AFFECTING UNSPECIFIED SIDE - UNSPECIFIED HEMIPLEGIA AND HEMIPARESIS AFFECTING NONDOMINANT SIDE
343.0 - 343.9	CONGENITAL DIPLEGIA - INFANTILE CEREBRAL PALSY UNSPECIFIED
344.00 - 344.1	QUADRIPLEGIA UNSPECIFIED - PARAPLEGIA
359.0	CONGENITAL HEREDITARY MUSCULAR DYSTROPHY
359.1	HEREDITARY PROGRESSIVE MUSCULAR DYSTROPHY
438.20 - 438.22	HEMIPLEGIA AFFECTING UNSPECIFIED SIDE - HEMIPLEGIA AFFECTING NONDOMINANT SIDE
707.03 - 707.05	PRESSURE ULCER, LOWER BACK - PRESSURE ULCER, BUTTOCK
728.3	OTHER SPECIFIC MUSCLE DISORDERS
741.00 - 741.93	SPINA BIFIDA UNSPECIFIED REGION WITH HYDROCEPHALUS - SPINA BIFIDA LUMBAR REGION WITHOUT HYDROCEPHALUS
754.89	OTHER SPECIFIED NONTERATOGENIC ANOMALIES
756.51	OSTEOGENESIS IMPERFECTA

POSITIONING SEATS, BACKS AND ACCESSORIES

Positioning Seat Cushions: E2605, E2606

Positioning Backs: E2613-E2616, E2620, E2621

Positioning Accessories: E0955, E0956, E0957, E0960

Clinical criteria necessary:

- ✓ Client has any “significant postural asymmetries” that are due to one of the diagnoses...above” (the skin protection cushion diagnoses).
- ✓ OR one of the following diagnoses:
- ✓ Monoplegia of the lower limb (344.30-344.32), (438.40-438.42) due to stroke, traumatic brain injury, or other etiology, spinocerebellar disease (334.0-334.9), above knee leg amputation (897.2-897.7), osteogenesis imperfecta (756.51), transverse myelitis (323.82)

WHAT DOES MEDICARE CONSIDER A “SIGNIFICANT POSTURAL ASYMMETRY”?

Objective indications that client cannot sit symmetrically in the wheelchair such as:

- Documented fixed or flexible kyphosis, scoliosis, pelvic rotation, or obliquity
- Leaning on the wheelchair armrests due to lack of strength
- Trunk weakness or decreased balance that requires upper extremity use to sit upright

COMBINATION SKIN PROTECTION AND POSITIONING SEAT CUSHIONS

COMBINATION SKIN PROTECTION AND POSITIONING SEAT CUSHIONS: E2607, E2608, E2624, E2625

- ✓ Are covered if client meets clinical criteria for both skin protection and positioning cushions, and also has diagnoses for both.

**There are a few exceptions where MCR is more restrictive- we take these on a case by case basis.

CUSTOM FABRICATED SEAT CUSHION

CUSTOM FABRICATED SEAT CUSHION: E2609

- ✓ Covered if client meets criteria for skin protection OR positioning cushion

AND

- ✓ PT, OT, or Physiatrist clearly explains why prefabricated seating does not meet client's needs and has clear, objective findings to illustrate.

CUSTOM FABRICATED BACK

CUSTOM FABRICATED BACK: E2617

- ✓ Covered if client meets all criteria for positioning back

AND

- ✓ PT, OT, or Physiatrist clearly explains why prefabricated seating does not meet client's needs and has clear, objective findings to illustrate.

DIAGNOSIS CODES AND EQUIPMENT - REFERENCE

Medicare coverage criteria are from LCD for Seating:

<http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=15887&ContrID=140>

THE K0005 FUNDING MYSTERY – MEDICARE COVERAGE CRITERIA

Per the Manual Wheelchair LCD (L11454) a K0005 is covered if (1) or (2) is met and (3) and (4) are met:



1. The beneficiary must be a full-time manual wheelchair user. **OR**
1. The beneficiary must require individualized fitting and adjustments for one or more features such as, but not limited to, axle configuration, wheel camber, or seat and back angles, and which cannot be accommodated by a K0001 through K0004 manual wheelchair.

AND



THE K0005 FUNDING MYSTERY – MEDICARE COVERAGE CRITERIA

Per the Manual Wheelchair LCD (L11454) a K0005 is covered if (1) or (2) is met and (3) and (4) are met:



3. The beneficiary must have a specialty evaluation that was performed by a licensed/certified medical professional (LCMP), such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features. The LCMP may have no financial relationship with the supplier.

AND



THE K0005 FUNDING MYSTERY – MEDICARE COVERAGE CRITERIA

Per the Manual Wheelchair LCD (L11454) a K0005 is covered if (1) or (2) is met and (3) and (4) are met:



4. The wheelchair is provided by a Rehabilitative Technology Supplier (RTS) that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the patient.

AND



THE K0005 FUNDING MYSTERY – MEDICARE COVERAGE CRITERIA

Per the Manual Wheelchair LCD (L11454) a K0005 is covered if (1) or (2) is met and (3) and (4) are met:



If documentation of the medical necessity for a K0005 wheelchair is requested, it must include:

- a description of the beneficiary's routine activities
- the types of activities the beneficiary frequently encounters
- whether the beneficiary is fully independent in the use of the wheelchair
- Describe the features of the K0005 base which are needed compared to the K0004 base

E1161 GENERAL COVERAGE CRITERIA



Per the Manual Wheelchair LCD (L11454), an E1161 is covered if:

- Criteria A, B, C, D and E are met; and
 - Criterion F or G is met
- A. The beneficiary has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home. A mobility limitation is one that:
1. Prevents the beneficiary from accomplishing an MRADL entirely, or
 2. Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; or
 3. Prevents the beneficiary from completing an MRADL within a reasonable time frame.



E1161 GENERAL COVERAGE CRITERIA

Per the Manual Wheelchair LCD (L11454), an E1161 is covered if:

- Criteria A, B, C, D and E are met; and
- Criterion F or G is met



- B. The beneficiary's mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. AND
- C. The beneficiary's home provides adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided. AND
- D. Use of a manual wheelchair will significantly improve the beneficiary's ability to participate in MRADLs and the beneficiary will use it on a regular basis in the home. AND
- E. The beneficiary has not expressed an unwillingness to use the manual wheelchair that is provided in the home. AND



E1161 GENERAL COVERAGE CRITERIA

Per the Manual Wheelchair LCD (L11454), an E1161 is covered if:

- Criteria A, B, C, D and E are met; and
- Criterion F or G is met



- F. The beneficiary has sufficient upper extremity function and other physical and mental capabilities needed to safely self-propel the manual wheelchair that is provided in the home during a typical day. Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function. OR
- G. The beneficiary has a caregiver who is available, willing, and able to provide assistance with the wheelchair.

AND



E1161 GENERAL COVERAGE CRITERIA

Per the Manual Wheelchair LCD (L11454), an E1161 is covered if:

- Criteria A, B, C, D and E are met; and
- Criterion F or G is met

AND

1. The beneficiary must have a specialty evaluation that was performed by a licensed/certified medical professional (LCMP), such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features (see Documentation Requirements section). The LCMP may have no financial relationship with the supplier.

AND



E1161 GENERAL COVERAGE CRITERIA

Per the Manual Wheelchair LCD (L11454), an E1161 is covered if:

- Criteria A, B, C, D and E are met; and
- Criterion F or G is met

AND

2. The wheelchair is provided by a Rehabilitative Technology Supplier (RTS) that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the patient.

Note: as of 4/1/14, E1161s can be delivered only as rentals to Medicare beneficiaries.



DOCUMENTATION REQUIREMENTS – K0005 & E1161

For Medicare funding, the details contained within the documentation is obviously different; however, the documents required are the same.

- ✓ PT, OT or Physiatrist specialty evaluation
- ✓ Chart notes from the client's medical record regarding their mobility-related diagnosis and the need for the wheelchair
- ✓ A physician's order for the equipment and features (Numotion will supply)



CONTACT INFORMATION

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Questions?



Thank You!