Documentation

Preserver

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ALPINE 2023 REHAB CONFERENCE

Alpine HOME MEDICAL

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Learning Objectives

- Identify key requirements that must be clearly documented in the wheelchair evaluation with consideration of health insurance reimbursement
- Recognize how health insurers think and how to speak (write) their language so they understand what you see in your patient
- Connect the dots in the wheelchair evaluation to ensure your patient receives the medically necessary product in a timely manner
- Determine the FINE LINE between the wheelchair evaluation and the ATP assessment

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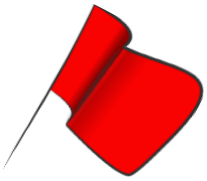
Common Scenario

- The DME provider obtains the documentation for a mobility device (physician chart note and the therapist evaluation) but something is missing?
- The provider contacts the physician / therapist and explains that the documentation provided does not justify the need for the items ordered.
- The physician / therapist says, "What do you need, please tell me and I'll write and **Addendum** OR can you write it for me?
- This is **WORST CASE SCENARIO**!
- Medicare and other payer do NOT like addendums (immediate **RED FLAG**)
- AND it's **INEFFICIENT TO REDO WORK**



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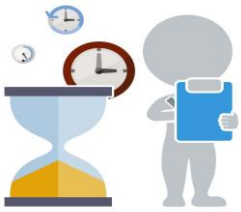
Addendum / Amendment

How to best handle an addendum/amendment?



AVOID them if possible!

- Understand what is required by each payer (keep it consistent if possible)
- Cheat sheets (condensed guides)

It is better for everyone if it is done correct the first time!

- ✓ Patient – Timely Delivery
- ✓ Clinicians – More Efficient
- ✓ Get YOUR LIFE Back
- ✓ Provider – Payment for Product and Services

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Addendum / Amendment

BUT if an addendum is required please follow these recording keeping principals so the addendum is accepted:

CMS' Recordkeeping Principles

Regardless of whether a documentation submission originates from a paper record or an electronic health record, documents submitted to MACs, CERT, Recovery Auditors, and ZPICs containing amendments, corrections or addenda must:

1. Clearly and permanently identify any amendment, correction or delayed entry as such, and

2. Clearly indicate the date and author of any amendment, correction or delayed entry, and

3. Clearly identify all original content, without deletion.

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Addendum / Amendment

CMS' Recordkeeping Principles

Paper Medical Records: When correcting a paper medical record, these principles are generally accomplished by:

1. Using a single line strike through so the original content is still readable, and
2. The author of the alteration must sign and date the revision.

Amendments or delayed entries to paper records must be clearly signed and dated upon entry into the record. Amendments or delayed entries to paper records may be initialed and dated if the medical record contains evidence associating the provider's initials with their name.

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Addendum / Amendment

CMS' Recordkeeping Principles

Electronic Health Records (EHR): Medical record keeping within an EHR deserves special considerations; however, the principles specified remain fundamental and necessary for document submission to MACs, CERT, Recovery Auditors, and ZPICs. Records sourced from electronic systems containing amendments, corrections or delayed entries must:

1. Distinctly identify any amendment, correction or delayed entry, and
2. Provide a reliable means to clearly identify the original content, the modified content, and the date and authorship of each modification of the record.
3. If the MACs, CERT or Recovery Auditors identify medical documentation with potentially fraudulent entries, the reviewers shall refer the cases to the ZPIC and may consider referring to the RO and State Agency

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Roles and Responsibilities

- An **ATP** assessment is required to have direct, in-person involvement in the wheelchair selection

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

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Roles and Responsibilities

- An **ATP** is responsible to determine the appropriate equipment based on the mobility limitations noted in the LMCP's wheelchair evaluation
- An LMCP is responsible to perform an evaluation to determine the mobility limitations and recommend mobility products and accessories to address those limitations
- The **SCRIBE** is functioning as a "living recorder," documenting in real time the actions and words of the physician/clinician as they are done. If this is done in any other way, it is inappropriate. **Scribes are not providers of items or services.**

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The LINE

- PTs and OTs are not normally taught about documentation (in the way insurances want to see it) for mobility products in their formal education
- This consumes so much of their time during the course of a day and with productivity requirement to see patients, it leads them to have to write or rewrite documentation at nights and on weekends to keep up
- Therapists are taught to document progress and what the patient 'can do' for insurance reimbursement during the course of therapy treatment
- Therapists have to switch their documentation style by documenting what the patient 'can't do' and why/how the equipment will improve MRADLs in the home

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The Dilemma

- **"HELP"** - Ethical and possible Legal implications
  - LCMP is responsible for their notes and can only use a scribe if the scribe is not a provider of the services (equipment) and the scribe meets scribe requirements
  - ATP or other equipment supplier employee offers to write the evaluation for the therapist or scribe for them
  - LCMP prefers to use suppliers that writes the evaluation / scribes for them and doesn't want to work with those that don't
  - Potential Anti Kickback Violations in providing something of value (in kind) for a referral for a Medicare covered item

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Program Integrity Manual
Anti-Kickback Statute

"Whoever knowingly and willfully solicits or receives any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or ***in kind*** *in return for referring an individual to a person for the furnishing or* ***arranging for the furnishing of any item or service for which payment may be made in whole or in part under a Federal health care program,*** *or in return for purchasing, leasing, ordering, or arranging for or recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a Federal health care program,* ***shall be guilty of a felony*** *and upon conviction thereof, shall be fined not more than* ***$25,000*** *or* ***imprisoned for not more than five years, or both.***"

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Anti-Kickback Statute

- Scribing is something of value **in Kind**
- Only working with those that scribe **is a referral for arranging for the furnishing of any item or service for which payment may be made in whole or in part under a Federal health care program (Medicare / Medicaid)**
- Shall be guilty of a felony and upon conviction thereof, shall be fined not more than $25,000 or imprisoned for not more than five years, or BOTH"

This arrangement could be considered remuneration **in kind** (a kickback) in return for referring individuals to the supplier for which payment may be made under a Federal health care program (Medicare, Medicaid).

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Medicare Power Wheelchair Evaluation and Documentation
Frequently Asked Questions

An occupational therapy evaluation for a power-operated wheelchair requires a high level of competency, proper documentation, and enough time to recommend the appropriate equipment. In addition, the occupational therapist frequently must work collaboratively with referring physicians and durable medical equipment (DME) suppliers to assure that the appropriate medical equipment is recommended and provided. This process is complex, and to ensure compliance with regulatory guidance in the Medicare Claims Processing Manual, the Medicare-documentation requirements require a significant amount of therapist time to complete accurately. It's important to remember that the purpose of an occupational therapist providing the evaluation and making skilled recommendations is to best meet the specific needs of the client and avoid ordering and billing for equipment that is not medically necessary, is inappropriate for the client, and/or will not be used. It is critical to always keep in mind that clear and concise documentation of services provided is part of the therapist's ethical and professional responsibility.

Recently, AOTA was informed about questionable practices surrounding wheelchair evaluations conducted by occupational therapists in certain states. These practices impact recommendations and reimbursement and raise potential ethical as well as legal issues. These concerns involved questions about appropriate documentation, the role of the DME supplier, and what is viewed as a complete and compliant power wheelchair evaluation as intended by the Centers for Medicare & Medicaid Services (CMS) regulations and related guidance.

In an effort to clarify regulations and educate occupational therapists, AOTA has put together a series of questions and answers below to address the proper procedures when performing a power wheelchair evaluation and submitting supporting documentation for reimbursement of services provided to Medicare beneficiaries.

Q: What is needed in my documentation to support the need for a power mobility device?

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Reference

American Occupational Therapy Association. Occupational Therapy Code of Ethics. American Journal of Occupational Therapy, 69, 6913410030p1-6913410030p8.

*Recently, **AOTA** was informed about questionable practices surrounding wheelchair evaluations conducted by occupational therapists in certain states. These practices impact recommendations and reimbursement and raise potential ethical as well as legal issues. These concerns involved questions about appropriate documentation, the role of the DME supplier, and what is viewed as a complete and compliant power wheelchair evaluation as intended by the Centers for Medicare & Medicaid Services (CMS) regulations and related guidance.*

Q: Can I perform a power wheelchair evaluation but have the wheelchair supplier do the documentation if I am there to sign off on it?

A: NO. When you as the therapist sign off on documentation, you are effectively attesting that these are <u>your notes</u>; the content is accurate and reflects your clinical judgment.

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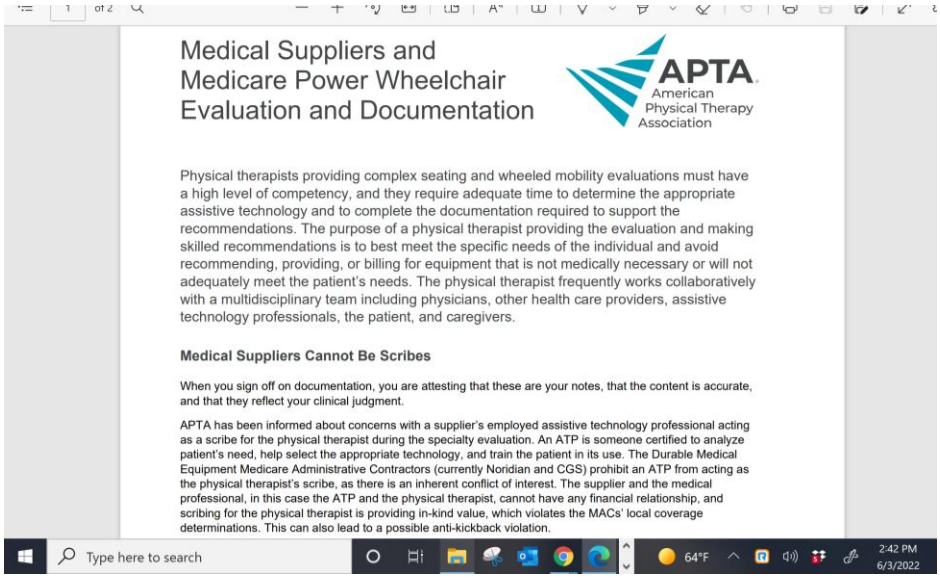

Medical Suppliers and Medicare Power Wheelchair Evaluation and Documentation

APTA American Physical Therapy Association

Physical therapists providing complex seating and wheeled mobility evaluations must have a high level of competency, and they require adequate time to determine the appropriate assistive technology and to complete the documentation required to support the recommendations. The purpose of a physical therapist providing the evaluation and making skilled recommendations is to best meet the specific needs of the individual and avoid recommending, providing, or billing for equipment that is not medically necessary or will not adequately meet the patient's needs. The physical therapist frequently works collaboratively with a multidisciplinary team including physicians, other health care providers, assistive technology professionals, the patient, and caregivers.

Medical Suppliers Cannot Be Scribes

When you sign off on documentation, you are attesting that these are your notes, that the content is accurate, and that they reflect your clinical judgment.

APTA has been informed about concerns with a supplier's employed assistive technology professional acting as a scribe for the physical therapist during the specialty evaluation. An ATP is someone certified to analyze patient's need, help select the appropriate technology, and train the patient in its use. The Durable Medical Equipment Medicare Administrative Contractors (currently Noridian and CGS) prohibit an ATP from acting as the physical therapist's scribe, as there is an inherent conflict of interest. The supplier and the medical professional, in this case the ATP and the physical therapist, cannot have any financial relationship, and scribing for the physical therapist is providing in-kind value, which violates the MACs' local coverage determinations. This can also lead to a possible anti-kickback violation.

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Least Costly Alternative – Authorize the least costly medically appropriate alternative to the item being ordered. In other words all items that cost less must be tried and failed OR considered and ruled out.

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Medical Necessity

- Unsafe or unreasonable and the reason why (be specific)
- The WHY is CRITICAL
- All least costly alternatives either **tried and failed** (with reason) or **considered and ruled out** (with reason)
- **Painting the picture of patients' inabilities (not abilities) is challenging for novice therapists**

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Medical Necessity

Treating Practitioner

- Diagnosis responsible for the mobility limitation
- Symptoms affecting mobility
- MRADLs that are being affected by the mobility limitation
- Ambulatory status
- Routine physical exam (height, weight, vitals)

Wheelchair Evaluation (LCMP) / Treating Practitioner

- Why a cane/walker can't resolve the mobility limitation with objective measurements
- Why a manual wheelchair can't resolve the mobility limitation with objective measurements
- If providing a power wheelchair then why a scooter can't resolve the mobility limitation with objective measurements

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9 Step MAE Algorithm

Step 1

Does the beneficiary have a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living in the home?

A mobility limitation is one that:

a. Prevents the beneficiary from accomplishing the mobility-related activities of daily living entirely, or

b. Places the beneficiary at reasonably determined **heightened risk of morbidity or mortality** secondary to the attempts to participate in mobility-related activities of daily living, or

c. Prevents the beneficiary from completing the mobility-related activities of daily living within a **reasonable time frame**.

YES GO

NO Patient DOES NOT Qualify for MAE

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9 Step MAE Algorithm

Step 2

Are there other conditions that limit the beneficiary's ability to participate in MRADLs at home?

Some examples are significant impairment of cognition or judgment and/or vision.

For these beneficiaries, the provision of MAE might not enable them to participate in MRADLs if the comorbidity prevents effective use of the wheelchair or reasonable completion of the tasks even with MAE.

NO
GO

YES
GO Caution Answer Step 3

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9 Step MAE Algorithm

Step 3

If these other limitations exist, can they be ameliorated or compensated sufficiently such that the additional provision of MAE will be reasonably expected to significantly improve the beneficiary's ability to perform or obtain assistance to participate in MRADLs in the home?

YES
GO

NO Patient DOES NOT Qualify for MAE

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9 Step MAE Algorithm

Step 4

Does the beneficiary or caregiver demonstrate the capability and the willingness to consistently operate the MAE safely?

Safety considerations include personal risk to the beneficiary as well as risk to others. The determination of safety may need to occur several times during the process as the consideration focuses on a specific device.

A history of unsafe behavior in other venues may be considered.

YES

GO

NO

Patient DOES NOT Qualify for MAE

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9 Step MAE Algorithm

Step 5

Can the functional mobility deficit be sufficiently resolved by the prescription of a cane or walker? (IN THE HOME)

The cane or walker should be appropriately fitted to the beneficiary for this evaluation.

*Assess the beneficiary's ability to **safely** use a cane or walker.*

NO

GO

YES Patient May Qualify for Cane / Walker

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Step 6

9 Step MAE Algorithm

Does the beneficiary's typical environment support the use of wheelchairs including scooters/power-operated vehicles (POVs)?

Determine whether the beneficiary's environment will support the use of these types of MAE. (DME Supplier)

Keep in mind such factors as physical layout, surfaces, and obstacles, which may render MAE unusable in the beneficiary's home. (DME Supplier)

NO 

Patient DOES NOT Qualify for MAE

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YES
GO

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Step 6

9 Step MAE Algorithm

If the patient lives in an assisted living facility (ALF), distance they have to walk to the dining room.

Do they eat all their meals in the dining room?

Do they have a kitchen or small kitchenette in their apartment where they only make their breakfast only, but have lunch and dinner in the dining room?

Many ALFs do not allow scooters in the dining room. The patient has to park their scooter outside the dining room and walk in using their cane or walker.

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9 Step MAE Algorithm

Step 7

Does the beneficiary have sufficient upper extremity **function** to propel a manual wheelchair **in the home (assisted living POS 14/33 is considered home)** to participate in MRADLs during a typical day? The manual wheelchair should be optimally configured (seating options, wheelbase, device weight, and other appropriate accessories) for this determination.

Limitations of strength, endurance, range of motion, coordination, and absence or deformity in one or both upper extremities are relevant.

*Assess the beneficiary's ability to **safely** use a manual wheelchair.*

***NOTE:** If the beneficiary is unable to self-propel a manual wheelchair, and if there is a caregiver who is available, willing, and able to provide assistance, a manual wheelchair may be appropriate.*

YES - Patient May Qualify for a Manual Chair

Continue to Step 7

NO

SKIP to Step 8

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9 Step MAE Algorithm

Step 7

Part of therapists' skills set is the art of evaluation through observation.

MMT grades - Telehealth allows therapists to use their observation skills.

If a patient cannot move their arms through full range of motion against gravity, the MMT score is a Fair- (2+ to 3-/5 at best) based on observation.

Evaluating 'functional' muscle strength can be completed by observation of AROM, wheelchair propulsion, transfers, and other activities evaluated through observation in the home.

Don't get caught up in having to be precisely accurate for 'actual' muscle strength of each muscle group. CMS is looking for muscle strength as it relates to functional activities in the home and MRADLs.

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MANUAL MUSCLE TESTING PROCEDURES

Key to Muscle Grading

	Function of the Muscle	Grade		
No Movement	No contractions felt in the muscle	0	0	Zero
	Tendon becomes prominent or feeble contraction felt in the muscle, but no visible movement of the part	T	1	Trace
Test Movement	**MOVEMENT IN HORIZONTAL PLANE**			
	Moves through partial range of motion	1	2-	Poor-
	Moves through complete range of motion	2	2	Poor
	ANTIGRAVITY POSITION	3	2+	
	Moves through partial range of motion			
Test Position	*Gradual* release from test position	4	3-	Fair-
	Holds test position (no added pressure)	5	3	Fair
	Holds test position against slight pressure	6	3+	Fair+
	Holds test position against slight to moderate pressure	7	4-	Good-
	Holds test position against moderate pressure	8	4	Good
	Holds test position against moderate to strong pressure	9	4+	Good+
	Holds test position against strong pressure	10	5	Normal

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Manual Wheelchair Selection

Step 7

Standard Manual wheelchair **(K0001)**

A **standard hemi-wheelchair (K0002)** is covered when the beneficiary requires a lower seat height (17" to 18") because of short stature or to enable the beneficiary to place his/her feet on the ground for propulsion.

A **lightweight wheelchair (K0003)** is covered when a beneficiary meets both criteria: Cannot self-propel in a standard wheelchair in the home; and
The beneficiary can and does self-propel in a lightweight wheelchair.

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Manual Wheelchair Selection

Step 7

A **high strength lightweight wheelchair (K0004)** is covered when a beneficiary meets the criteria in (1) or (2): The beneficiary self-propels the wheelchair while engaging in frequent activities in the home that cannot be performed in a standard or lightweight wheelchair.

The beneficiary requires a seat **width, depth, or height** that cannot be accommodated in a standard, lightweight or hemi-wheelchair, and spends at least **two hours per day** in the wheelchair.

A high strength lightweight wheelchair is rarely reasonable and necessary if the expected duration of need is less than three months (e.g., post-operative recovery).

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Manual Wheelchair Selection

Step 7

An **ultra lightweight manual wheelchair (K0005)** is covered for a beneficiary if criteria (1) or (2) is met and (3) & (4) are met:

1. The beneficiary must be a full-time manual wheelchair user.

2. 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**.

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 (see Documentation Requirements section). The LCMP may have no financial relationship with the supplier.

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.

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Manual Wheelchair Selection

Step 7

A **manual wheelchair with tilt in space (E1161)** will be covered if the beneficiary meets the general coverage criteria for a manual wheelchair, and if criteria (1) and (2) are met :

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.

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.

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9 Step MAE Algorithm

Step 8

Does the beneficiary have sufficient strength and postural stability to operate a POV/scooter?

A POV is a 3- or 4-wheeled device with tiller steering and limited seat modification capabilities. The beneficiary must be able to maintain stability and position for adequate operation.

The beneficiary's home should provide adequate access, maneuvering space and surfaces for the operation of a POV.

*Assess the beneficiary's ability to **safely** use a POV/scooter.*

YES - Patient May Qualify for a Scooter

NO

SKIP to Step 9

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Continue with Step 8

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Scooter/POV Selection

Step 8

A POV (K0800-K0802) is covered if all of the basic coverage criteria have been met.

The patient is able to:

- Safely transfer to and from a POV, and
- Operate the tiller steering system, and
- 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 home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the POV that is provided.
- The patient's weight is less than or equal to the weight capacity of the POV that is provided and greater than or equal to 95% of the weight capacity of the next lower weight class POV – i.e., a Heavy Duty POV is covered for a patient weighing 285 – 450 pounds; a Very Heavy Duty POV is covered for a patient weighing 428 – 600 pounds.
- 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.

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9 Step MAE Algorithm

Step 9

Are the additional features provided by a power wheelchair needed to allow the beneficiary to participate in one or more MRADLs?

The pertinent features of a power wheelchair compared to a POV are typically control by a joystick or alternative input device, lower seat height for slide transfers, and the ability to accommodate a variety of seating needs.

***NOTE:** If the beneficiary is unable to use a power wheelchair, and if there is a caregiver who is available, willing, and able to provide assistance, a manual wheelchair is appropriate. A caregiver's inability to operate a manual wheelchair can be considered in covering a power wheelchair so that the caregiver can assist the beneficiary.*

NO

Patient DOES NOT Qualify for Power Chair

YES Proceed to Determine Appropriate Power Chair

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Accessories

Once the base has been determined the LCMP must address medical necessity for all separately provided accessories such as (not all inclusive)

- Cushion and back
- Power positioning (tilt, recline, tilt and recline, power legs)
- Swing away mounting hardware
- Angle adjustable footplate
- **Seat Elevation**

Each separate accessory MUST be justified in order for insurance to pay for these!

Make the note as clear as possible the reason this specific patient requires the accessory and NOT only the accessory's purpose.

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Legible Documents and Legible Identifiers

- **This error <u>will</u> cause a delay in delivery**
- *Medicare requires a legible identifier for services provided/ordered. The method used shall be hand written or an electronic signature (stamp signatures are not acceptable) to sign an order or other medical record documentation for medical review purpose*
- The OIG and CERT have made it clear that this requirement must be enforced and signatures (initials are not acceptable), hand written or electronic, must be present on ALL documentation and **MUST BE LEGIBLE**
- **The legible (signature) identifier requirement applies to documentation for <u>ANY</u> service performed and billed to Medicare**

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Thank You for Attending

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