The *FINE* Line between the ATP Assessment (ATP) and the Wheelchair Evaluations (PT/OT)

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Learning Objectives

- Identify the different **roles** between the PT/OT and ATP for complex rehab wheelchairs
- Determine the required **content** for each and acceptable sequence of events
- Discuss how to develop a protocol to ensure **compliant methods** to obtain the required documentation.

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Role and Responsibility

- **ATP** Assessment - Assistive Technology Professional
- **LCMP** – Licensed Certified Medical Professional Wheelchair Evaluation (OT/PT)
- Required for Medicare and those that follow Medicare for complex rehab wheelchairs **(K0835-K0864, K0005 and E1161)**

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Roles and Responsibilities

- An **LMCP** is responsible to perform a wheelchair specialty evaluation **to determine the mobility limitations** and recommend mobility products and accessories to address those limitations
- An **ATP** is responsible to determine the appropriate equipment based on the mobility limitations noted in the LMCP's wheelchair evaluation (trunk and limb measurements, selection of make and model, etc)

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Roles and Responsibilities

- An **ATP** assessment is required to have **direct, in-person involvement** in the wheelchair selection
- The ATP assessment CAN'T be done prior to the specialty evaluation (same date OK or later)
- ATP and LMCP do NOT have to do not have to seen the patient during the same encounter
- The LCMP evaluation can occur before the physician F2F
- 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

- The LCMP and ATP should not restrict equipment recommendations/accessories due to funding
- The beneficiary has a right to know all the equipment options **(RESNA standard)**
- The LCMP should have the advanced knowledge and skills to make appropriate recommendations, and not allow the ATP to make all their decisions about equipment recommendations
- If the LCMP does not have the education and skills to perform the evaluation and make appropriate clinical recommendations, the LCMP should refer the beneficiary to another clinician who does

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The LINE

- Formal education for PTs and OTs do not include enough on documentation for mobility products (in the way health insurances want to see it)
- This consumes so much of time and with productivity requirement to see patients, it leads them to have to write or rewrite documentation at nights and on weekends just to get it right
- They either seek **"help"** or are offered **"help"** from equipment suppliers
- ATP must be an employee of the equipment supplier (W2 or 1099) and CAN'T document the medical necessity for any reimbursable item
- LCMP can't have a financial relationship with the equipment supplier
- ATP is sometimes present during the wheelchair evaluation and they know more about coverage criteria and documentation format than the LCMP (they know what works) and are asked to or offer to scribe
- **A 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

- Don't **"HELP" -** Wheelchair delivery could be delayed or denied due to incomplete documentation
  - Delay in delivery - Patient clearly qualifies for the mobility products ordered but the LCMP just didn't write the documentation in a format or language where it will be covered by insurance (addendum)
  - Supplier doesn't receive reimbursement due to denial (appeal)
- **"HELP" -** Ethical and possible Legal implications
  - Patient gets product timely and supplier gets paid timely
  - LCMP received something of value (scribe or worse) which allows them to increase their productivity
  - Was it written word for word or was anything added by the scribe

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The LINE

- **"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
  - LCMP may prefer to use suppliers that 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 (writing it) 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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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 your notes; the content is accurate and reflects your clinical judgment.

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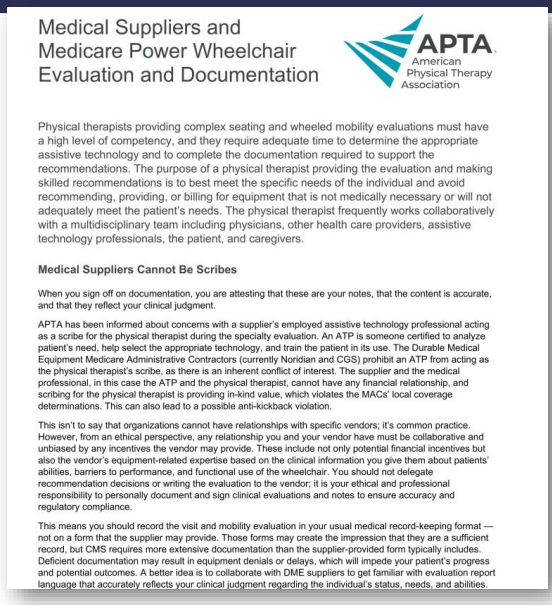

Medical Suppliers and Medicare Power Wheelchair Evaluation and Documentation

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.

This isn't to say that organizations cannot have relationships with specific vendors; it's common practice. However, from an ethical perspective, any relationship you and your vendor have must be collaborative and unbiased by any incentives the vendor may provide. These include not only potential financial incentives but also the vendor's equipment-related expertise based on the clinical information you give them about patients' abilities, barriers to performance, and functional use of the wheelchair. You should not delegate recommendation decisions or writing the evaluation to the vendor; it is your ethical and professional responsibility to personally document and sign clinical evaluations and notes to ensure accuracy and regulatory compliance.

This means you should record the visit and mobility evaluation in your usual medical record-keeping format — not on a form that the supplier may provide. Those forms may create the impression that they are a sufficient record, but CMS requires more extensive documentation than the supplier-provided form typically includes. Deficient documentation may result in equipment denials or delays, which will impede your patient's progress and potential outcomes. A better idea is to collaborate with DME suppliers to get familiar with evaluation report language that accurately reflects your clinical judgment regarding the individual's status, needs, and abilities.

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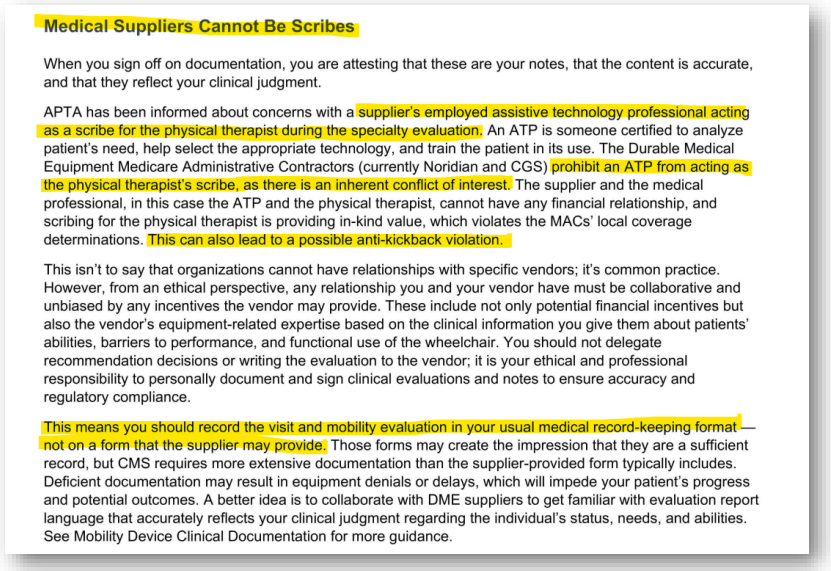

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Thank you for attending!

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