I Know the Best Product for My Client, But Will it Be Funded?

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Objectives

- Understand coverage criteria & documentation requirements for complex rehab
- Evaluate if your current documents provide proper information for appropriate funding
- Understand what documents are required to be completed/signed by the therapist/physician.

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Finding Our Way…

- Product Selection
- Documentation
- Timelines
- Communication
- The Possible Fight

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What People Are Saying

They keep asking for more information.

Why is it taking so long?

What is it they want me to write? Please just tell me.

Everything is being audited.

I keep hearing different stories on what must be submitted.

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The First Steps

- Who is paying?
  - What is the funding source(s)
  - Is there anything else?
  - Keep this in mind when ordering the base and all options/accessories.
- Asking about other equipment - all types
- Can the current equipment be modified?
- What is the provider's involvement in the evaluation?

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Product Selection

- What will be covered?
  - Medicare criteria is a good guideline for most other funding sources.
  - If an upgrade… Does the patient have the money? Who's paying? What if Medicaid is involved?
- What will meet the client's medical needs today?
  - If the patient is rapidly progressing → Document

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Documentation

- What do you use?
  - Eval?
  - LMN/LOJ?
  - Both?
- What is required?
  - Not always both - Is your documentation good enough? How do you know?
  - Based on funding source
  - Justification for all items being ordered

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Wheelchair/Seating Evals

- Providers or Referrals? What is better?
- When are they required?
- What is required?
  - Details are key - No one knows the client like the person completing the eval
  - Are all options/accessories justified in your eval?
- Who can complete?
- Who must sign?

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LMNs, LOJs, etc…

- If you have a seating eval do you need this?
- Who can write?
  - Is this specific to funding sources?
- Templates - good or bad?
  - Proofreading is a must!
- "Supplier Created Forms"
  - Why does do some providers still use them?
  - Don't forget the "jumping off the bridge" story

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Progress Notes

aka Chart Notes

- Do they matter? When are they needed?
- What qualifies?
  - A good one everyone forgets.
- Do you need them if a full therapist wc evaluation is completed?
- Do you always need them?
  - Specifics
- What is your funding source specifically looking for?
  - Medicare? Medicaid? Private?

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ATP Documentation

- Is this required for all funding sources?
- When is it required for Medicare?
- What counts?
  - No specific form
  - Does not necessarily have to be signed by anyone else.
  - Proof of involvement with wc selection for the "delivering" provider.

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"Other Documentation"

- Prescriptions
  - To include 7- Element for Medicare PMDs
  - What if you're part of a rehab facility?
- Detailed Product Description
  - Medicare PMDs only (not manual wc's)
- Home Assessments
  - When is this required? Who can complete?
  - Are measurements needed?
- Attestations
  - When? For whom?

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Replacement Equipment

"Wear & Tear" - over 5 years old

or

Change in condition

=

DOCUMENTATION (From? What?)

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Communication

- Understanding the funding process
  - Team approach - providers, clinicians, end-users
- Insurance limitations
  - Upgrades
- Life of equipment

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Timelines

- Providers & Clinicians
- Documentation collection
  - How long ago was the eval???
  - Funding source requirements?
- Delivery of product
  - Funding source requirements?

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Denied… Now What?

- If it sounds crazy, don't simply give up
  - Clinicians
  - End-Users & their families
- Exactly why was it denied?
  - Coverage issue or billing error?
  - Rumors… "ABC is never covered"
- Get involved!

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Q & A

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