

PMD Documentation Requirements



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Jan 1, 2019 – Dec 31, 2020

Any Willing Supplier

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ANY WILLING SUPPLIER

On **Jan 1, 2019** the landscape for the HME supplier could change for suppliers... if they are **willing?**

- For the past several years the Competitive Bidding Program (CBP) has significantly reduced the allowables and restricted many providers from servicing Medicare beneficiaries who were not awarded a contract
- **On December 31, 2018 the CB contracts expire** as the next round of the program has been delayed
- Suppliers that were not in the program now have the opportunity to service these customers if they are willing
- CB items will be paid at the **Single Payment Amount (SPA)** not the fee schedule
- Non assigned is an option

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Learning Objectives

This session will cover the documentation requirements for (PMD) **power mobility devices** (K0800-K0802, K0813-K0829 (non-complex rehab)), including the coverage criteria for the bases and common accessories along with the NEW nationwide prior authorization process for power wheelchairs



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PMD Documentation Requirements

- **Face to Face Examination**

- Chart note (narrative note) (NO Forms)
- Majority of content regarding mobility limitation
- Signed and dated
- Received by supplier within 45 days from completion date of the face to face (date stamp as proof)



- **7 Element Order**

- Handwritten by ordering practitioner or EHR (signed and dated)
- Date of face to face on 7EO is date of actual face to face or if there is an LCMP evaluation the date that is cosigned by the ordering practitioner
- Received by supplier within 45 days from completion date of the face to face (date stamp as proof)

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PMD Documentation Requirements

- **LCMP evaluation (if applicable)**

- Cosigned by ordering practitioner and concurrence stated on the document
- Received by supplier within 45 days from the completion date of the face to face

- **Detailed Product Description (DWO)**

- Description of each item with quantity (supplier's charge and Medicare allowable NOT required)
- Date of Order – Date the 7EO was signed
- NPI

- **Home Assessment**

- Prior to or at the time of delivery

NOTE: The person that does the face to face must sign / co sign ALL documents unless exception applies (**discussion during webinar**)

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PMD Documentation Requirements

• Prior Authorization

- **ALL NON Complex Power Wheelchairs - K0813-K0829 (plus some complex codes K0835-K0856 and K0861)**
- Dates of **Delivery** / Service Sept 1, 2018 and After
- Implemented Nationally
- 10 day response time / 20 Subsequent
- Unlimited Submissions
- Accessories NOT reviewed



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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 why
- ✓ The **WHY** is CRITICAL
- ✓ All least costly alternatives either **tried and failed** (and why) or **considered and ruled out** (and why)



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Medical Necessity

Face to Face

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



- Why a cane/walker can't resolve the mobility limitation with objective measurements (physician or LCMP (PT/OT))
- Why a manual wheelchair can't resolve the mobility limitation with objective measurements (physician or LCMP (PT/OT))
- If providing a power wheelchair then why a scooter can't resolve the mobility limitation with objective measurements (physician or LCMP (PT/OT))

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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:

- Prevents the beneficiary from accomplishing the mobility-related activities of daily living entirely, or
- 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
- Prevents the beneficiary from completing the mobility-related activities of daily living within a **reasonable time frame**.

YES 



Patient DOES NOT Qualify for MAE

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9 Step MAE Algorithm

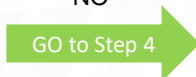
Step 2

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

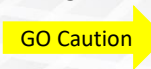
Some examples are significant impairment of cognition or judgment and/or vision.

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 to Step 4

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?



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.



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.*



YES



Patient May Qualify for Cane / Walker

NO

GO



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9 Step MAE Algorithm

Step 6

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

YES

GO



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Step 7

9 Step MAE Algorithm

Does the beneficiary have sufficient upper extremity **function** to propel a manual wheelchair **in the 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 transport chair E1037, E1038 or E1039 may be appropriate.



YES - Patient May Qualify for a Manual Chair

NO

Go to Step 8

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Step 8

9 Step MAE Algorithm

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

GO to Step 9

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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 transport chair E1037, E1038 or E1039 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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Solid Seats Base Criteria - Manual Chairs

- If the coverage criteria for a **manual chair** has been met a general use cushion (**E2601 / E2602**) and back (**E2611 / E2612**) are also covered.
- General use cushions and backs **ARE NOT** diagnosis driven



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Solid Seats Base Criteria – Power Chairs

- 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 (**Diagnosis Driven**) 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 AND the solid seat base will be denied as not reasonable and necessary.**



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Coverage Criteria – Cushions and Backs

A **skin protection seat cushion** (E2603, E2604, E2622, E2623) is covered for a beneficiary who meets both of the following criteria:

The beneficiary has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the beneficiary meets Medicare coverage criteria for it; and 2. The beneficiary has either of the following:

- a. **Current pressure ulcer or past history of a pressure ulcer** (see diagnosis codes that support medical necessity section below) on the area of contact with the seating surface; or
- b. Absent or impaired sensation in the area of contact with the seating surface or **inability to carry out a functional weight shift due to one of the following diagnoses:**

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Coverage Criteria – Cushions and Backs

A positioning seat cushion (E2605, E2606), positioning back cushion (E2613-E2616, E2620, E2621), and positioning accessory (E0953, E0955-E0957, E0960) are covered for a beneficiary who meets **both** of the following criteria:

1. The beneficiary has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the beneficiary meets Medicare coverage criteria for it; **and**
2. The beneficiary has any **significant postural asymmetries** that are due to one of the following (a or b):
 - a. A diagnosis code listed in Group 2; **or**
 - b. A diagnosis code listed in Group 3.

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Repair/Replacement – Warranty and RUL

For Medicare, payment can be made for replacement of DME that is lost, stolen, irreparably damaged, or has been in continuous use for the equipment's reasonable useful lifetime (RUL).

In general, the RUL for DME is established as **five years** (42 CFR 414.210(f)). Computation of the RUL is based on when the equipment is delivered to the beneficiary, not the age of the equipment.

The RUL is used to determine how often it is reasonable to pay for the replacement of DME under the Medicare program and is not explicitly set forth as a minimum lifetime standard.

PDAC Requirements - Cushions and Backs

It has a warranty that provides for repair or full replacement if manufacturing defects are identified or the surface does not remain intact due to normal wear within 12 months for general use and 18 months skin protection and or positioning.

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Reimbursement Rates for Power Wheelchair Bases and Accessories

- Single Payment Amount (SPA aka Competitive Bid Rate)
 - <https://www.dmecompetitivebid.com/palmetto/cbic.nsf/docscat/home>
- Non Rural
- Rural
 - <https://www.dmepdac.com/>



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Calculating Allowed Amount (Capped Rental Power Wheelchairs with NO First Month Purchase Option – RENTAL ONLY Allowable AFTER 13 Months)



Power Wheelchair Bases (K0812-K0831) – RR Allowable divided by .15 = Purchase Allowable

15% of the Purchase Allowable each Month for Months 1-3 (45% total)
6% of the Purchase Allowable each Month for Months 4-13 (60% total)

Total Allowed Amount AFTER 13 Months – 105% of the Purchase Allowable

K0823 (group 2 standard captain seat power base) allowable in the fee schedule for TX (rural) = \$294.71

Purchase Allowable = \$1964.73 (RR divided by .15)

Months 1-3 = \$294.71 each month = \$884.13 (45% of purchase allowable)

Months 4-13 = \$117.88 each month = \$1178.84 (60% of purchase allowable)

Total Allowed Amount AFTER 13 Months = \$2062.97 (RR divided by .15 times 1.05)

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DMEPDAC x DME Classification System x

Secure https://www.dmeopdac.com/dmecsapp/do/feesearch

Fee Schedule

Your search for
HCPCS Code: K0823
Long Description: POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

Date of service requested: March 09, 2017
HCPCS code fee schedule category: Capped Rental Items

Note: The start and end dates given for each HCPCS code reflect the most current quarterly fee schedule for the given year.

Note: This HCPCS code may be subject to a Single Payment Amount under the Medicare DMEPOS Competitive Bidding Program. For information on when the Single Payment Amounts apply and specific rates for Single Payment Amounts, please check the website for the Competitive Bidding Implementation Contractor (CBIC) at <http://www.dmecompetitivebid.com>.

| Beneficiary State of Residence | Modifier | Modifier | Fee | | Effective dates: | |
|--------------------------------|-----------|----------|-----------------|-----------------|-------------------|-------------------|
| | | | Rural Fee | Non-Rural Fee | From | To |
| RI | RR | | \$294.71 | \$256.31 | 01/01/2017 | 12/31/2017 |
| SC | RR | | \$294.71 | \$273.56 | 01/01/2017 | 12/31/2017 |
| SD | RR | | \$294.71 | \$276.24 | 01/01/2017 | 12/31/2017 |
| TN | RR | | \$294.71 | \$273.56 | 01/01/2017 | 12/31/2017 |
| TX | RR | | \$294.71 | \$270.23 | 01/01/2017 | 12/31/2017 |
| UT | RR | | \$294.71 | \$267.12 | 01/01/2017 | 12/31/2017 |
| VA | RR | | \$294.71 | \$273.56 | 01/01/2017 | 12/31/2017 |

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Calculating Allowed Amount (Capped Rental Accessories with NO First Month Purchase Option – RENTAL ONLY Allowable AFTER 13 Months)

Power Elevating Legs - E1012
Swing Away Mounting Hardware - E1028
Headrest - E0955

RR Allowable x 10.5 = Total Allowed AFTER 13 Months

10% of the Purchase Allowable each Month for Months 1-3 (30% total)

7.5% of the Purchase Allowable each Month for Months 4-13 (75% total)

Total Allowed Amount AFTER 13 Months – 105% of the Purchase Allowable

E0128 (swing away, removable, retractable mounting hardware) – Fee Schedule in TX (non rural) = \$12.25 RR

Purchase Allowable = \$122.50 (RR x 10)

Months 1-3 = \$12.25 each month = \$36.75 (30% of purchase allowable)

Months 4-13 = \$8.57 each month = \$85.75 (7.5% of purchase allowable)

Total Allowed Amount AFTER 13 Months = \$122.50 (RR x 10.5)



Modifiers

Scooters K0800-K0802 - NUKX

Group 2 Standard Captains Seat Base (K0823) – (AND all PWC bases up to K0835)

K0823 RRKHKX (KH – First month of a capped rental, KI 2nd and 3rd months and KJ 4th – 13th months)

E0973 NUKX

E2361 NUKX

E1028 RRKHKX

Common Examples Repairs

E2370 (2 units) NURBKX

E2374 NURBKX

E0973 (2 units) NUKX

E2363 NUKX

K0739 (NO Modifiers required)

K0462 (NO Modifiers required)



Legible Documents and Legible Identifiers

- This error will 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 ANY service performed and billed to Medicare

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Thank You for Attending

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Text “ ” to the number 797979

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