Group 3 Power Wheelchairs for Prior Authorization - Coverage

CMS Open Door Forum

April 2017

Agenda

- Citations for Power Mobility Devices (PMDs)
- LCD Coverage Criteria
- Documentation
- Reasons for Rejection and Non-Affirmation
- Resources

Medicare Modernization Act (MMA) Requirements

Separate and distinct from the MAE NCD

SSA 1834(a)(1)(E)(iv)

> (iv) Standards for power wheelchairs.—Effective on the date of the enactment of this subparagraph [102]in the case of a covered item consisting of a motorized or power wheelchair for an individual, **payment may not be made for such covered item unless a physician (as defined in section 1861(r)(1)), a physician assistant, nurse practitioner, or a clinical nurse specialist (as those terms are defined in section 1861(aa)(5)) has conducted a face-to-face examination of the individual and written a prescription for the item.**

Implementing Regulation 42 CFR § 410.38(c)(2)(i)

- Applies only to the PWC base
- Requires a Face-to-Face examination by the prescriber
- Requires a 7 Element Order only after the Face-to-Face examination is completed
- Requires that the 7 Element Order and Face-to-Face examination be provided to DMEPOS Supplier within 45 days of the Face-to-Face examination

Mobility Assistive Equipment NCD 280.3

- Sets global R&N requirement for multiple types of equipment
- Established a hierarchy of mobility related equipment
- Requires a stepwise analysis to determine the proper equipment
  - Series of 9 questions
  - Sequential answers to progressively “higher” levels of equipment correlating with degree of mobility impairment

B. Nationally Covered Indications

MAE is reasonable and necessary for beneficiaries who have a personal mobility deficit sufficient to impair their participation in mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home.

Determination of the presence of a mobility deficit will be made by an algorithmic process to provide the appropriate MAE to correct the mobility deficit.

Mobility Limitation Defined

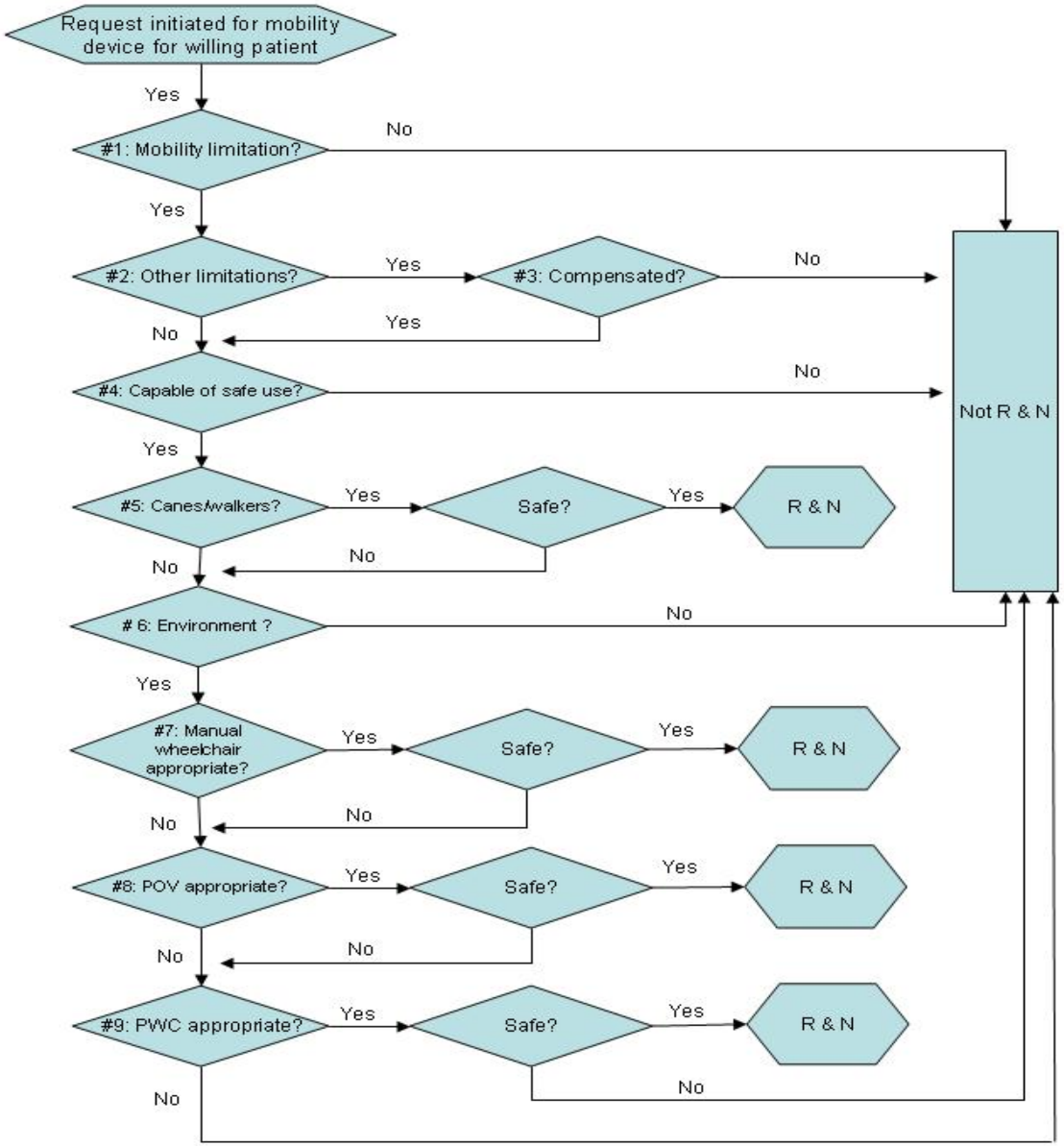
A mobility limitation is one that:

a. Prevents the beneficiary from accomplishing the MRADLs entirely, or,

b. Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to participate in MRADLs, or,

c. Prevents the beneficiary from completing the MRADLs within a reasonable time frame.

Clinical Criteria for MAE Coverage



LCD Essentials

Coverage (R&N)

- Mobility deficit + power options (remember that some options have independent R&N criteria)

Statutory/Regulatory

- Face-to-Face done by ordering practitioner
- 7 Element Order
- 7EO and F2F to supplier within 45d of F2F date

LCD Specifics – K0856 & K0861

A Group 3 PWC with Single Power Option (K0856) or with Multiple Power Options (K0861) are covered if:

- The Group 3 criteria IV(A) and IV(B) are met; and

- The Group 2 Single Power Option (criteria II[A] and II[B]) or Multiple Power Options (criteria III[A] and III[B]) (respectively) are met.

If a Group 3 Single Power Option or Multiple Power Options PWC is provided and if criterion V(A) or (V)(B) is not met, it will be denied as not reasonable and necessary.

LCD Specifics – Breakdown
1st Criterion

A Group 3 PWC with Single Power Option (K0856) or with Multiple Power Options (K0861) are covered if:

- The Group 3 criteria IV(A) and IV(B) are met; and…

So those Group 3 criteria are…

- IV(A) - All of the coverage criteria (a)-(e) for a PWC are met;

and

- IV(B) - The beneficiary's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity;

LCD Specifics – Breakdown
2nd Criterion – K0856

A Group 3 PWC with Single Power Option (K0856)

- The **Group 2 Single Power Option (criteria II[A] and II[B])** are met.

So that means for K0856…

- II[A] – Either 1 or 2 below
  - 1. Needs alternative drive control; or,
  - 2. Needs power tilt or power recline seating system
- II[B] – both 3 and 4
  - 3. Specialty Evaluation; and,
  - 4. ATP Evaluation

LCD Specifics – Breakdown
2nd Criterion – K0861

A Group 3 PWC with Single Power Option (K0856) or with Multiple Power Options (K0861) are covered if:

- The Group 2 Single Power Option (criteria II[A] and II[B]) or **Multiple Power Options (criteria III[A] and III[B])** (respectively) are met.

So that means for K0861….

- III[A] – Either 1 or 2 below
  - 1. Needs power tilt and recline seating system
  - 2. Needs ventilator mounted on chair
- III[B] – both 3 and 4
  - 3. Specialty Evaluation
  - 4. ATP Evaluation

LCD Specifics – Accessories Review

K0856 & K0861 Coverage Predicated on Need for Certain Accessories:

- Power tilt (E1002)
- Recline (E1003, E1004, E1005)
- Power seating system combination tilt and recline (E1006, E1007, E1008)
- Head control interface (E2327, E2328, E2329, E2330)
- Sip-n-puff interface (E2325)
- Joystick other than a standard proportional joystick (E2312, E2321, E2373)
- Multi-switch hand control interface (E2322)

LCD Specifics – Accessories Review[2]

- Specialty Seating
  - Skin Protection Cushions (E2603, E2604, E2622, E2623)
  - Positioning Seat Cushions (E2605, E2606)
  - Back cushions (E2613-E2616, E2620, E2621)
  - Combination skin protection and positioning seat cushion (E2607, E2608, E2624, E2625)
  - Custom fabricated seat cushion (E2609) and back cushion (E2617)

Documentation

What's Needed?

For Prior Authorization Submission:

- PA request form
- Face-to-Face Examination
- 7 Element Order
- Specialty Exam
- ATP Evaluation
- Detailed Product Description

Two additional documents NOT Required for Prior Authorization submission but MUST be in supplier's files:

- Proof of Delivery
- Home Assessment

Prior Authorization Request (PAR)

Beneficiary Information (as written on their Medicare card):

- Beneficiary Name,
- Beneficiary Medicare Number (also known as HIC number)
- Beneficiary Date of Birth
- Beneficiary Address
- Place of Service
- Diagnosis Code

Supplier Information:

- Supplier Name,
- Supplier National Supplier Clearinghouse (NSC) Number,
- Supplier National Provider Identification
- Supplier Address
- Supplier Phone Number

Requestor Information:

- Requestor Name
- Requestor Phone Number
- NPI (if applicable)
- Requestor Address

Other Information:

- HCPCS Code,
- Submission Date, and
- Indicate if the request is an initial or subsequent review
- Indicate if the request is expedited and the reason why

Indicate if the request includes an upgrade.

Face-To-Face Exam

Thorough narrative description of the beneficiary's current condition, past history, and pertinent physical examination ***that clearly describes their mobility needs in the home*** and why a cane, walker, or optimally configured manual wheelchair is not sufficient to meet those needs.

Treating physician must see patient to confirm need for mobility device. Option are:

- Can conduct entire exam; or,
- Can refer to licensed/certified medical professional (LCMP)

If referred to LCMP, treating physician must sign, date and indicate concurrence/disagreement with LCMP exam findings.

7 Element Order

1. Beneficiary's name
2. Description of the item that is ordered. This may be general - e.g., "power operated vehicle," "power wheelchair," or "power mobility device" - or may be more specific.
3. Date of **completion** of the face-to-face examination
4. Pertinent diagnoses/conditions that relate to the need for the POV or power wheelchair
5. Length of need
6. Physician's signature
7. Date of physician signature

ATP Involvement

- RESNA-certified Assistive Technology Professional
- Specializes in wheelchairs
- Direct, in-person involvement in the selection of the wheelchair and accessories
  - Can't just "sign off" on evaluations done by other staff
  - Must be clear to 3rd party looking at records that the ATP was directly involved in the selection of the wheelchair

Detailed Product Description (DPD)

- Different name in PMDs but is a Detailed Written Order
- Follow requirements for Detailed Written Order
  - Base chair
  - All separately billable accessories
- Signed and dated by treating practitioner prior to delivery

Billing for Upgrades

- 7-Element Order – Indicate the medically necessary power wheelchair code
- Prior Authorization Request - Indicate the medically necessary power wheelchair code
- The medical records documentation must justify the PMD for which the beneficiary qualifies, not the item that is considered for the upgrade.
- DPD – Indicate either the medically necessary or the upgrade power wheelchair code

Refer to the DME MAC Supplier Manuals for additional information about upgrade modifiers

Key Timelines

- Within **45 days** after the completion of the face-to-face exam and prior to delivering the wheelchair to the beneficiary, the supplier must receive from the prescribing practitioner:
  - 7-element order
  - Copy of the face-to-face examination
- Delivery of the wheelchair within **six (6) months** following affirmative decision

Experience To Date Jurisdictions B (IL)

Top Rejection Reasons:

- Duplicate request
- Rep payee on file
- Wrong jurisdiction

Top Non- Affirmation Reasons:

- The face-to-face examination was not signed by the treating practitioner.
- The face-to-face examination is incomplete (e.g., missing pages).
- No indication of receipt date by supplier on documentation.
- No evidence that ATP had direct, in-person involvement in the selection of the power mobility device.

Experience To Date
Jurisdictions C (WV)

Top Rejection Reasons:

- Beneficiary not in program state
- Faxing Error

Top Non- Affirmation Reasons:

- No evidence that ATP had direct, in-person involvement in the selection of the power mobility device.
- No financial attestation stating the licensed/certified medical professional (LCMP) has no financial relationship with the supplier.
- The 7-element order was not written by the same physician/practitioner who completed the face-to-face examination.
- The face-to-face examination does not paint a clear picture of the beneficiary's functional abilities and limitations.

Resources

- Internet-Only Manual 100-03 – National Coverage Determinations, Chapter 1, Part 4, 280.3
- CMS PMD PA Demonstration Program Operational Guide
  - www.cms.gov
- Medicare Coverage Database – The “Policy” – 3 parts:
  - Local Coverage Determination
  - Related Policy Article
  - Standard Documentation Language Article
- Noridian Healthcare Solutions – Jurisdiction A and D
  - www.noridianmedicare.com
- CGS Administrators – Jurisdiction B and C
  - www.cgsmedicare.com

Questions?