QUALITY FOR LIFE

Documentation Requirements for Manual Wheelchair

The following information describes the items or documentation necessary for reimbursement from the Centers for Medicare and Medicaid Services, also known as CMS or Medicare. Because Medicare typically has the most stringent insurance requirements, fulfilling these requirements could also strengthen reimbursement claims from other third-party payors.

Otto Bock has relied upon the CMS guidance and recommendations set forth in this document's reference section below.

Note: Manual wheelchairs described by codes E1161, E1231 – E1234, K0005, and K0009 are eligible for Advance Determination of Medicare Coverage (ADMC).

Item 1: Dispensing Prescription ❑

Requirements:

- ✓ The dispensing prescription must comply with state prescribing and/or other applicable laws. It is the supplier's responsibility to ensure this compliance.
- ✓ For Medicare, the dispensing prescription can either be verbal and documented in the patient's chart OR written by the ordering.
- ✓ For Medicare, if the Detailed Written Order is dated prior to delivery, a dispensing prescription is not required; however state laws prevail if more stringent.

The following must be included in the Dispensing Prescription:

- ❑ Patient's name
- ❑ Start date of order
- ❑ Description of item
- ❑ For written order: Physician's printed name, signature, and date
- ❑ For verbal order: Printed name of person taking order, signature, date, time

Item 2: Detailed Written Order ❑

Requirements:

- ✓ The provider may write the detailed order, however the physician must review and sign it.
- ✓ The detailed order must be signed & dated by the ordering physician prior to billing. If separate charges for seating are included on the claim, it must be signed prior to delivery.
- ✓ If the device has already been delivered, you must also have a dispensing prescription (see item 3) in addition to the detailed order.
- ✓ If this is your dispensing prescription, it must comply with state prescribing or other applicable laws. It is the provider's responsibility to ensure this compliance.

- All of the following elements must be included in the detailed written order:
    - ❑ Start date
    - ❑ Patient's printed name on each page
    - ❑ Detailed description of each item being dispensed (narrative description OR manufacturer, brand name, and model #)
    - ❑ Detailed description of all options separately billed or requiring an upgrade code
    - ❑ Treating Physician's *(hand written or electronic)* signature and date
    - ❑ Physician' printed information *(name, credential, address, phone, NPI)*
    - ❑ Recommend: Attestation of Physician's signature or Signature Log if signature is illegible

Item 3: Beneficiary Authorization ❑

- Medicare requires that there be an "Assignment of Benefits" for each item provided. In other words, there should be a new authorization signed whenever a new HCPCS code will be billed. To be on the safe side, many providers combine this with the Proof of Delivery. This authorization should give you permission to bill and receive payment on behalf of the beneficiary and exchange medical records in the process.

Item 4: Proof of Delivery ❑

Requirements:

✓ The signature date must be the date patient received the wheelchair/components.
✓ The signature date must also be the date of service on the claim
✓ If the patient or designee's signature is illegible, recommend handwriting name beneath.
✓ If the Detailed Written Order is signed on same day as the delivery and it is the only order, both documents will need to indicate the time of the signature.

The following elements should be included on delivery slip, or other document (s), in compliance with CMS regulations:

- ❑ Patient's name
- ❑ The quantity delivered
- ❑ Manufacturer *(e.g. Otto Bock HealthCare)*
- ❑ A detailed description of the wheelchair and billable accessories, including brand name and model number *(e.g. Motus Manual Wheelchair 480F61; OBSS Custom Seat 6364915; OBSS Custom Back 6364910)*
- ❑ The serial number *(if available)*

- ❑ Signature *(may be signed by patient or patient's designee)*
- ❑ Relationship of designee to patient
- ❑ Printed name of signee
- ❑ Hand-written signature date *(month day year)*.

Item 5: Home assessment ❑

- ✓ Can be performed by supplier (or supplier's employee) or a practitioner (physician, physician's employee or LCMP, etc.).
- ✓ Assessments and measurements should include physical layout of the home, doorway width, doorway thresholds and surfaces the device will have to move over.

- ❑ Verifies and documents patient's home can accommodate a manual wheelchair; AND
- ❑ Verifies adequate access between rooms, maneuvering space, and surfaces

Item 6: Information from the Patient's Medical Record documenting that all of the following criteria have been met ❑

Requirements for all Manual Chairs:

- ✓ Medicare wants to see chart notes reflecting the need for the care (e.g., treatment plan, history and physical, operative report) from the patient's medical records (located at the physician's office, hospital, or nursing home).
- ✓ To be on the safe side, Medicare recommends that you collect this information up-front to be sure the physician's documentation supports your claim.
- ✓ Medical records must be signed and dated by the treating physician/therapist prior to delivering the Manual Wheelchair to your patient.
- ✓ Signature may be electronic or hand-written, but must be legible (recommend including a signature log or attestation for each physician/therapist)
- ✓ Each page/chart note must **clearly identify the patient.**

The following elements should be included in the patient's medical records:

- ❑ Patient has mobility limitation that significantly impairs ability to participate in one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home; AND
- ❑ Mobility limitation cannot be sufficiently and safely resolved by use of appropriately fitted cane or walker; AND
- ❑ Patient is able to safely use a manual wheelchair; AND

- ❑ Patient's functional mobility deficit can be sufficiently resolved by the use of a manual wheelchair; AND
- ❑ Patient will use the wheelchair on a regular basis in the home and has not expressed unwillingness to use it; AND
- ❑ Patient has sufficient upper extremity function, physical and mental capacity to safely propel the wheelchair; or has a caregiver that is available, willing and able to provide assistance.

- Additional medical records if a **Standard Hemi-Chair (K0002)**:

  Patient requires a lower seat height (17"-18") because:

  - ❑ Short stature, OR
  - ❑ Need to place feet on ground for propulsion.

- Additional medical records if a **Lightweight Chair (K0003)**:
  - ❑ Patient cannot self-propel in a standard wheelchair using arms and/or legs; AND
  - ❑ Patient can and does self-propel in a lightweight wheelchair (min. 2 hr. per day)
- Additional medical records if a **High Strength Lightweight Chair (K0004)**:
  - ❑ Patient's ability to self-propel the wheelchair while engaging in frequent activities that cannot be performed in a standard or lightweight wheelchair; AND/OR
  - ❑ Requires seat width, depth, height that cannot be accommodated in a standard, lightweight, or hemi-wheelchair and spends at least two hours per day in the wheelchair.
- Additional medical records if a **Heavy Duty or Extra Heavy Duty Chair:**
  - ❑ **K0006:** Patient weighs more than 250 pounds AND has severe spasticity.
  - ❑ **K0007:** Patient weighs more than 300 pounds.
- Additional medical records if an **Ultralight Wheelchair (K0005) or Other Manual wheelchair base (K0009)**:

  (Payment is determined on an individual consideration basis).

  - ❑ Diagnosis, duration of condition, prognosis; AND
  - ❑ Abilities and limitations as related to wheelchair; AND
  - ❑ Description of patient's routine activities; AND
  - ❑ Types of activities patient frequently encounters; AND
  - ❑ Information concerning whether or not patient is fully independent in use of the wheelchair; AND
  - ❑ Description of the K0005 features that are needed compared to the K0004 base.
- Additional medical records for **OBSS Custom Seat Cushion (E2609) and/or OBSS Custom Back Cushion (E2617):**

- Patient meets criteria for prefabricated skin protection/positioning cushions
- There is a Comprehensive Written Evaluation
- There is justification for custom seat/back cushions (why a prefabricated seat/back cannot be used)
- See OBSS Reimbursement Kit for additional information

Item 7: Documentation in Supplier's Records ❑:

- Chart note for each visit with patient
  - ❑ Each fitting and follow-up visited documented
  - ❑ Supplier's printed name, signature, and date on each note.
- If wheelchair is being replaced or components added:
  - ❑ Historical documentation of the current wheelchair
  - ❑ History of the components being replaced
  - ❑ Reason for replacement/change (e.g. change in physiological condition)

Item 8: Advanced Beneficiary Notice (ABN)

Examples of when an ABN might be required:

- Patient does not meet criteria for coverage as stated in LCD
- Physician has not provided sufficient documentation to support your claim

Item 9: (ADMC) Advanced Determination of Coverage (Medicare pre-authorization)

- ✓ *Eligible Items: E11661, E1231- E1234, K0005, and K0009.*
- ✓ *Time Frame: Medicare has 30 days to make a decision*
- ✓ *An affirmative ADMC is valid for 60 days*

- If the ADMC is rejected:
  - This is **not** a denial; an ADMC is not a claim and it **cannot** be appealed. You will receive a letter explaining the reason for rejection
  - You can then resubmit the request with the additional information OR bill the claim and appeal it. Note: you are limited to 2 ADMC submissions per patient every 6 mo.
- Instructions for ADMC: Download the ADMC cover page from your DME MAC Web site and attach the following documents:
  - ❑ Detailed Written Order (Item 2) signed by the physician
  - ❑ Information gathered from the physician (Item 6) to support medical necessity
  - ❑ Home Assessment (Item 5)

Reminders

- All criteria must be met in order to add the KX modifier to your claim.
- Without the KX modifier your claim will be denied.

References

Local coverage determinations and articles for manual wheelchair bases, wheelchair seating, and wheelchair options and accessories can be found at:

NHIC, Corp., DME MAC, **Jurisdiction A**. *Current Local Coverage Determinations.* Accessed at http://www.medicarenhic.com/dme/medical_review/mr_lcd_current.shtml.

NGS, DME MAC, **Jurisdiction B.** *Durable Medical Equipment Home.* Accessed at http://www.ngsmedicare.com/wps/portal/ngsmedicare/home. Under "Quick Links", select "Medical Policy Center (LCDs)."

CGS, DME MAC, **Jurisdiction C.** *Current Local Coverage Determinations.* Accessed at http://www.cms.gov/medicare-coverage-database/indexes/lcd-list.aspx?Cntrctr=140&ContrVer=2&CntrctrSelected=140*2&name=CGS+Administrators,+LLC+(18003,+DME+MAC)&LCntrctr=140*2&bc=AgACAAAAAAAA#ResultsAnchor.

Noridian Administrative Services, DME MAC, **Jurisdiction D**. *Local Coverage Determinations.* Accessed at https://www.noridianmedicare.com/dme/coverage/lcd.html.

DISCLAIMER:

The supplier assumes full responsibility for accurate coding as necessary when providing patient-specific durable medical equipment and services. The coding recommendations by Otto Bock are based on reasonable judgment and are not recommended to replace the supplier's judgment. The coding recommendations may be subject to revision as based on additional information or alpha-numeric system changes.