

T.I.P. Corner

QUALITY - TRAINING - IMPROVEMENT - PROCESS

Medicare Repair RX/DWO

As we embark on changing the RX/DWO back to an "S" document requirement it is essential to recognize the purpose behind it: to streamline our operations, enhance productivity and better serve our team and our clients. With this change we will decrease equipment from being purchased prematurely and allow us the opportunity to review the medical documents to make a fully informed decision if Medicare will cover the repairs.

Medicare Repairs-what's needed when?

- ❖ If the equipment is on file with Medicare:
 - RX/DWO
- ❖ If the equipment is not on file and the client was eligible for traditional Medicare at the time of purchase:
 - NSM will not be able to get the equipment on file.
- ❖ If the equipment is not on file with Medicare and the client WAS NOT eligible for traditional Medicare at the time of the original chair delivery (received equipment from a previous payer):
 - If NSM provided equipment
 - Original LMN, Current RX and Chart/Progress notes*
 - If NSM did not provide equipment:
 - LMN, RX, Chart/Progress notes and Proof of delivery
- ❖ If client resided in non-covered POS at time of purchase:
 - If the chair was billed and denied. NSM is not able to get the equipment on file.
 - If it was not billed, follow scenarios listed above.

What documents must be obtained to get the chair on file with Medicare:

- ❖ If NSM supplied the original chair, go to the original work order, review the documentation to validate if the client qualifies for the base under Medicare coverage guidelines.
 - If yes, move the documentation to the repair order. Obtain current physician chart note/history & physical that show a continuation of need and the RX/DWO.
 - If no, the client does not meet the Medicare coverage guidelines an ABN will be required for the repair order. It is best practice to still obtain the RX/DWO. The client or another payer source will be needed for the repair orders.
- ❖ If NSM did not supply the original chair, we are not obligated to repair the chair. We will need to obtain the original documentation or have the chair documented as if we were providing it brand new.

What to consider when trying to get a chair on file with Medicare:

- ❖ What is the age of the equipment?
- ❖ Has the client recently seen their clinician?
- ❖ Does the client meet coverage criteria for the current equipment?
- ❖ Will the secondary payer pay if we do NOT submit to Medicare.



See WNSM's Medicare Resource Guide for Additional Information and Guidance.