ATP Scripting

Remote and In-Branch Service

NATIONAL SEATING & MOBILITY

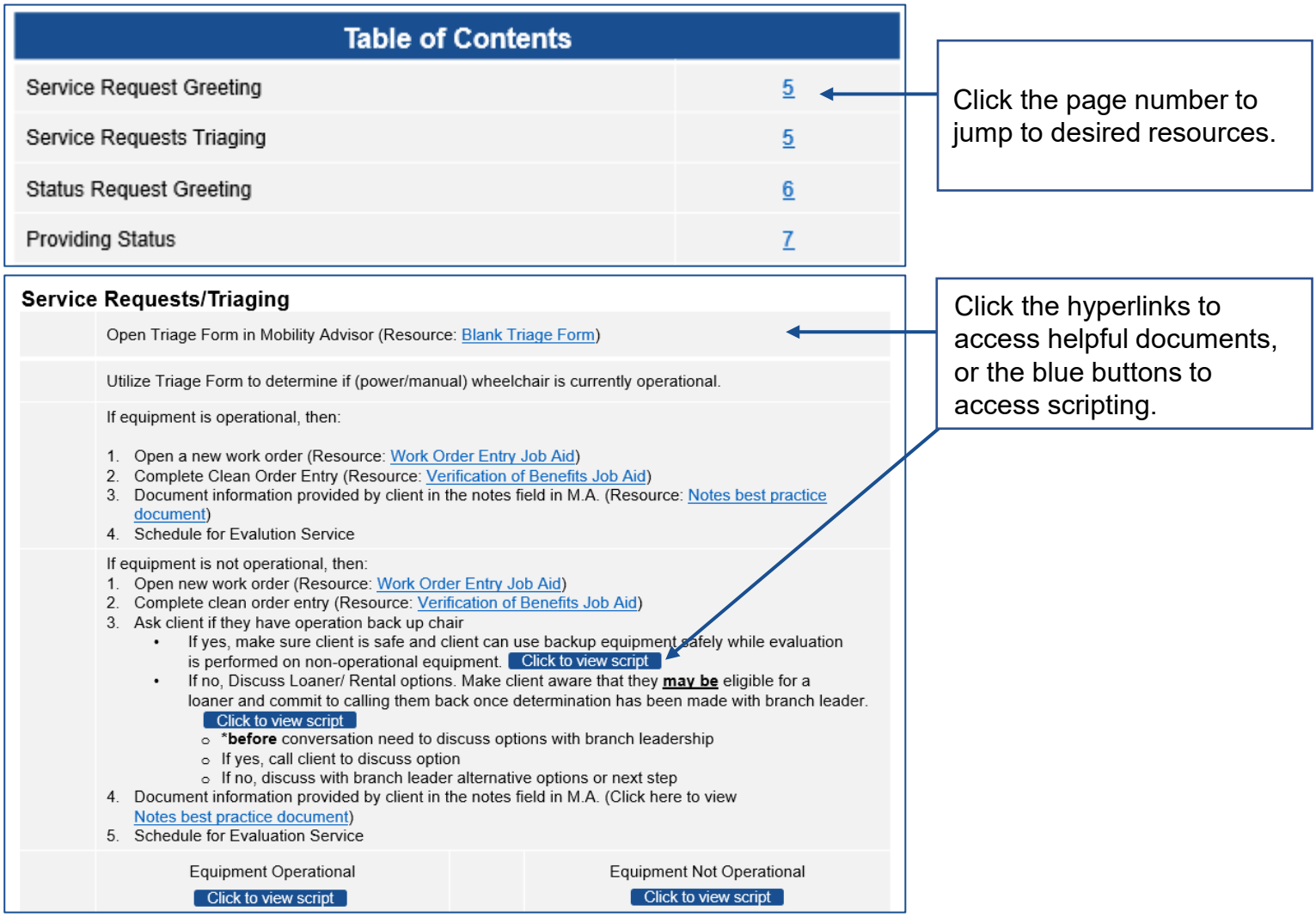
ATP Scripting
Document Guide

At NSM, our goal is to exceed the expectations of those we service in our quest to be a trusted partner. To support you in providing a best-in-class client experience to all clients, we have developed this guide to provide you with the necessary steps, scripting, and resource documents to help ensure your success.

This guide includes interactive hyperlinks that will take you to helpful information “just in time.”

On pages 4-5, you will find an interactive Table of Contents. Simply find the topic you need and click the page number to jump to the available resources.

Within each checklist, you will find hyperlinks to scripting, job aids, or other resource documents. You can access these as needed.



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Click the page number to jump to desired resources.

Service Requests/Triaging

Open Triage Form in Mobility Advisor (Resource: Blank Triage Form)

Utilize Triage Form to determine if (power/manual) wheelchair is currently operational.

If equipment is operational, then:

1. Open a new work order (Resource: Work Order Entry Job Aid)
2. Complete Clean Order Entry (Resource: Verification of Benefits Job Aid)
3. Document information provided by client in the notes field in M.A. (Resource: Notes best practice document)
4. Schedule for Evalution Service

If equipment is not operational, then:

1. Open new work order (Resource: Work Order Entry Job Aid)
2. Complete clean order entry (Resource: Verification of Benefits Job Aid)
3. Ask client if they have operation back up chair
   - If yes, make sure client is safe and client can use backup equipment safely while evaluation is performed on non-operational equipment. Click to view script
   - If no, Discuss Loaner/ Rental options. Make client aware that they **may be** eligible for a loaner and commit to calling them back once determination has been made with branch leader. Click to view script
     - ***before** conversation need to discuss options with branch leadership
     - If yes, call client to discuss option
     - If no, discuss with branch leader alternative options or next step
4. Document information provided by client in the notes field in M.A. (Click here to view Notes best practice document)
5. Schedule for Evaluation Service

Equipment Operational — Click to view script

Equipment Not Operational — Click to view script

Click the hyperlinks to access helpful documents, or the blue buttons to access scripting.

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General Professionalism and Dress Code:

Ensure you are utilizing the AIDET Communication Framework and in compliance with NSM's Dress Code.

Click to view AIDET | Click to view Dress Code

Communication Skills:

Good communication in Healthcare is crucial, especially when dealing with patients and/or their family members.

Click to view reference document

Bariatric Client:

- Broaching the subject of wider frames and Heavy-Duty Wheelchairs due to a client's size and weight is challenging. However, we have a responsibility to make sure the equipment we recommend works for the client and in the home. It's a very sensitive subject, but it's important to find ways to communicate effectively and compassionately.
- When you know that there are going to be issues with accessibility due to the frame width (i.e. total frame width exceeds doorframe width) you may be able to recommend solutions.

Click to view script

Pre-Evaluation/Insurance Verification:

Information needed:

- Who the payer is? (Different insurances have different coverage criteria and documentation requirements)
- Is their insurance active?
- Coverage limitations?
- Deductible/Co-Pay information (if known)

Pre-call to Client/Therapist:

- Current equipment
  - How old is it?
  - Where (supplier) did they get it from?
  - Why do they want to replace this?
  - What is not appropriate about the current equipment?
  - What are they looking to get?
- Current insurance
  - Get insurance numbers if we do not have a current photo of their insurance cards on file.
- Obtain demo equipment to trial
  - Does not have to be exact chair that the client is looking for
  - You should bring something that is in the same category of what the client is looking for
  - NOTE: If they are looking for a replacement chair you might not have to bring any demo equipment.

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In-Branch Service Center Model:

When a client or referral source reaches out to the ATP directly for service.

- New Referral/Initial Evaluation Click to view script
- At Delivery Click to view script
- Existing Client who is not used to In-Branch Service Model Click to view script

Scheduling Appointment in Microsoft Outlook:

- Subject line should include the reason for the appointment
  - “delivery”, “evaluation”, “home assessment”,
- Subject line should also include:
  - Client name
  - Therapist name
- Location should include the address where the appointment will occur
- Start and End times should be included
- Notes field can contain any other information
  - Work order number of current chair
  - Client relatives to be present at evaluation
  - Special instructions on how/where in the building the appointment will take place. i.e. ‘rear door’

Attendance, Appointment Times, and Arrival:

Ensure you are maximizing your time, follow these expectations below.

- Use google map, and Zillow to provide visual on client’s physical environment
- Be 15 minutes early to the evaluation with computer and documents read
- If running late call client and ensure they are still available or should appt. be rescheduled.
- Informing the client that we are running late to the appointment should occur before the scheduled appointment

Upon arrival to one’s home we need to be respectful of the home no matter how dirty or clean it is. Be conscious of bringing equipment into the home (if snowing or raining consider tracking of outside elements on tires into the home), as well as consider wearing shoe coverings or removing shoes at the main entrance.

If at residence:

- Verify accessibility through ramps, door jamb widths, bathrooms, main living area
- Observe and ask questions related to the client's functional environment.
- Clarify and confirm evaluation: (It is important for the home environment to be reviewed especially if it is the clients first chair. Many products that we would intend to provide could be limiting to access in certain areas of the home due to the physical nature of the product’s width or weight)
- Determine the goals and clinical needs of the client by asking questions related to what the client needs the mobility equipment for what functional purpose.
- Discussing insurance and coverage: (Inform the client that not all products may not be reimbursed through their insurance, and they may have some financial responsibility due to their specific health plan.)
- Be clear on insurance coverage; discuss any deductibles; or out of pocket expenses anticipated.
- Educate client of all available equipment features.

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MyNSMOrder.com

Remind client of ability to track order via mynsmorder.com
Provide client with work order number via phone or text (Click here to view Mynsmorder.com Job Aid)

Click to view FAQs

Low Margin Best Practices :

The best line of defense for Low Margin requests is prior knowledge and education. Start with your referral sources. Make sure they understand the issues we face with low margins. DISCUSS and EDUCATE the clinicians/clinics you work with in advance. Some of them may be aware of these low margin situations, others may not.

- Know your top 5 insurances and what their weak point are for margin.
- Ask for demographics and insurance coverage PRIOR to the appointment so you can verify coverage for items. Is the item covered at all? What is the reimbursement? If it's a low margin item, what products would work with the client's payer?
- If you don't know what the reimbursement is for your client's payer, DO NOT leave them with the impression that you will be able to proceed.

Click to view script

Product Selection:

- Have informed and educational conversations, IN ADVANCE, with our clinical partners. Make sure they understand that certain health plans do not adequately fund all levels and/or types of equipment.
- Provide them with the available option(s) PRIOR to the evaluation.
- If a particular category of equipment (gait trainer, bath chair, etc.) has a consistently low margin, request an opportunity to provide a product in-service. Let the clinicians get their hands on the equipment we CAN provide and discover the benefits firsthand.
- Request support from the preferred product manufacturer and possibility of providing CEU opportunities for the clinicians.

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Titanium or Carbon Fiber Materials:

- NSM can provide this option as an upcharge. This option may only be provided on a non-assigned basis (traditional Medicare only).
- This upcharge cannot be billed separately as a K0108.

Accepting Assignment vs. Non-Assigned

- As a Medicare supplier, NSM typically accepts assignment of Medicare payment. In scenarios in which the client may want a specific model of an item or upcharge to an item in which is above and beyond Medicare's coverage and/or reimbursement, NSM may choose not to accept assignment and file the claim non-assigned. Scenarios below marked with ** will need to refer to the following guidelines:
- Providers may file the Medicare claim non-assigned when a true supplemental plan is secondary.
- Providers cannot file non-assigned claims for clients with Medicaid. Therefore, filing a claim non-assigned is not an option for dual eligible clients (clients with Medicare & Medicaid).
- NSM's contracts with commercial payers do not allow claims to be filed non-assigned, therefore it is not an option for most clients with commercial payers. Verify eligibility of this option using the Universal Payer Database (UPD).
- When a claim is filed non-assigned, any Medicare reimbursement will be sent directly to the client in lieu of NSM. Select the appropriate non-assigned payer on the order and collect full payment for all items on the work order from the client prior to purchase and/or delivery.
- When a claim is filed non-assigned, all options, accessories, and items on the work order are also filed non-assigned.
- To be eligible for Medicare reimbursement of the item, all required documentation and authorizations must be collected as required prior to delivery.
- An ABN is not required and should not be obtained if Medicare coverage is expected. ABNs should only be secured if item(s) are expected to deny.

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Scooters:

Medicare LCD Policy
All of the following basic criteria (A-C) must be met for a power mobility device (K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898) or a push-rim activated power assist device (E0986) to be covered. Additional coverage criteria for specific devices are listed below.

A. The beneficiary has a mobility limitation that significantly impairs his/her 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. A mobility limitation is one that:

- Prevents the beneficiary from accomplishing an MRADL entirely, or
- Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; or
- Prevents the beneficiary from completing an MRADL within a reasonable time frame.

B. The beneficiary's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker.

C. The beneficiary does not have sufficient upper extremity function to self-propel an optimally-configured manual wheelchair in the home to perform MRADLs during a typical day.

- Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function.
- An optimally-configured manual wheelchair is one with an appropriate wheelbase, device weight, seating options, and other appropriate nonpowered accessories.

Click to view script

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Scooters:

Power Operated Vehicles (K0800, K0801, K0802, K0806, K0807, K0808, K0812):

A POV is covered if all of the basic coverage criteria (A-C) have been met and if criteria D-I are also met.

- The beneficiary 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 beneficiary'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 beneficiary's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the POV that is provided.
- The beneficiary'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 beneficiary weighing 285 – 450 pounds; a Very Heavy Duty POV is covered for a beneficiary weighing 428 – 600 pounds.
- Use of a POV will significantly improve the beneficiary's ability to participate in MRADLs and the beneficiary will use it in the home.
- The beneficiary has not expressed an unwillingness to use a POV in the home.
- If a POV will be used inside the home and coverage criteria A-I are not met, it will be denied as not reasonable and necessary.
- Group 2 POVs (K0806, K0807, K0808) have added capabilities that are not needed for use in the home. Therefore, if a Group 2 POV is provided it will be denied as not reasonable and necessary.
- If a POV will only be used outside the home, see related Policy Article for information concerning noncoverage. Article A52498

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Deferral & Denials:

What is a Denial?
A denial is an expected determination due to non-covered item by the health plan or the health plan has reviewed the submitted funding packet and determined that the client does not meet the coverage criteria for the item/s being requested.

What is a Deferral?
A deferral is an unanticipated denial of a prior authorization request or a request from the health plan, after we have submitted the funding packet for review, and they need more information from NSM, the clinician, and/or physician prior to completing the review.

Best Practices

1. Have informed and educational conversations, IN ADVANCE, with our clinical partners and clients. Make sure they understand that covered items vary by health plan.
2. Understand the covered benefits for each client PRIOR to the evaluation. If you aren't certain, allow enough time to have a conversation with your NSM Funding Specialist.
3. If a particular HCPCS code is not covered by the primary insurance, but the client has multiple health plans, verify benefits of the additional health plans with your NSM Funding Specialist to determine appropriate steps to obtain secondary authorization.
4. If a particular health plan is known to have high deferral rates, educate the client and clinician that we MAY receive a request for additional information, at the time of the evaluation.

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Return Resolutions:

- The Returned Goods Policy and associated procedures should be followed whenever purchased goods must be sent back to a supplier, or placed into inventory, or written off to NOI.
- Equipment that cannot be delivered to the client must be returned to the supplier for credit. It is imperative that the return procedures outlined in the Return Goods Policy and Procedures Job Aid be executed within the supplier's time horizon per their return policy. NSM loses the opportunity to return to the supplier if not completed within the supplier's time horizon. A Return Materials Authorization (RMA) must be obtained from the supplier prior to submitting a return request.
- Once equipment has been delivered, it is NSM's policy that we do not accept product returns from clients. Exceptions to this policy must be submitted to the appropriate Regional Area Director or Regional Vice President for approval prior to any agreement with the client or client's caregivers that a branch will accept return or exchange of product. Post-delivery returns have many implications and typically involve refunds to one or more payers. Once the RAD or RVP has approved a post-delivery return, the Mobility Advisor return request may be submitted as outlined in the Job Aid for Returns Process. If NSM accepted a cash, check or credit card payment on equipment orders, see Policy F-200 for more information on requesting a client refund.
- Configured equipment that is returned to inventory or NOI (not on inventory) must be registered in Asset Panda prior to submitting the return request. Not registering in Asset Panda will result in delays from receiving inventory team's approval.
- Please note that certain items may never be accepted for return under any circumstances. Those items include anything related to personal hygiene, for example, bath equipment, cushions, and mattresses. There are safety concerns involved including potential pathogen transmission as well as accreditation guidelines that must be followed.

- At the time of the evaluation, educate the client regarding NSM's Return Policy. Ensure the client understands complex equipment is unique to the client and cannot be returned post-delivery. Prior to ChairBuilder Complete, compare work order detail to ensure all equipment recommendations for the client have been added through ChairBuilder. If color options are available, confirm with client their desired selection. Once authorization has been received, the NSM Funding Specialist on record will contact client to confirm approval and review options for any line items that were denied and collect payment for any line item where insurance benefits may have been waived.

Click to view script

At Delivery:

Explain the Remote Service and In-Branch Service Center to the client. Click to view script

Chair Replacement Queue:

The Replacement Queue is designed to identify clients with chairs older than 5 years to reach out to them to determine if the chair is still medically appropriate for them. It is not simply a method to sell them a new chair if their current equipment is still medically appropriate and in good working order.

Prior to engaging with a client you should research the repair history of their current chair through the binoculars feature of the work order for the chair. You can identify the following:

- What is the repair history for their current chair?
  - This is helpful to not only determine what type of repairs have been done, but also when was the last repair completed?

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Good Communication in Healthcare: 5 Tips to Sharpen Your Skills:

https://www.homeceuconnection.com/blog/good-communication-in-healthcare/

For healthcare professionals, good communication skills aren't only a helpful trait. They're a core competency. Effective and timely communication builds trust among team members, patients, and care providers alike. Here are five tips on how to hone your communication skills:

#1: Listen

- Listening is the most important part of communication. Allowing your patients to share their thoughts and feelings will provide valuable information about their lifestyles and beliefs. Listening to your patients also helps to develop a rapport with them, which is a MUST for a healthcare provider as it aids in the appropriate treatment decisions.
- When you are listening, you need to be aware of your body language. Your body language says a lot about you. This nonverbal type of communication plays a huge factor in the patient-provider relationship. Maintaining eye contact, nodding appropriately, and empathizing with your patients or their relatives are signs of active listening. Contradictory, looking around, looking at your watch, making faces or making noises are signs that you are not listening and you are not interested in what your patients have to say.
- Remember, people will make a judgment of your personality without you even uttering a word simply by observing your body language. So, make sure it is on track.

#2: Take Responsibility

- If you miscommunicate (unintentionally), take responsibility for it. This will only increase your credibility and dependability as a healthcare provider. Also, if you said you are going to do something and cannot do it, say so. Even in front of your patient and family, take responsibility of your do's and don'ts. Everyone makes mistakes and can improve in one or other areas of life. The idea is to learn from your mistakes. But, it is NOT okay to hide your mistake and lie about it.

#3: Be Honest

- To speak honestly, you really need to provide all of the information you have. Don't try to hide any data when you are communicating with other healthcare providers who are responsible for the patient's plan of care. Of course, you should not violate HIPPA rules or share any unrelated information. Rather, make sure you provide all the necessary information for the other healthcare providers on your team so they can do their jobs safely and appropriately.

#4: When in Doubt, Say it:

- Healthcare is an evolving industry. New medical technologies are released almost daily. There will be a time and place when you may not have heard about a diagnosis or a technique. It is okay to admit this and learn from it. No one knows everything! It is not knowledge that makes you a better person or even a better therapist. It is, in fact, your attitude to learn new things and keep up to date with new research as well as your caring nature that helps you stand out in a crowd.

#5: Be Objective

- No one wants to know your personal opinions about a patient, his family, doctor, nurse or fellow therapist. The patient's current status and functional outcomes are what matter. So, be professional, and objective, and use your clinical expertise when you share information.

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Bariatric Client:

Client:
- I need a lightweight frame that can fit through the bathroom door.

ATP:
- I completely understand. It looks like the wheelchair frame that will work for you is a bit wider than your bathroom door. There's an easy solution for that. Home Depot, Lowe's and Amazon sell Off-Set Hinges that will create more space within the door frame. They're also called "swing clear hinges".

***Note:** If Off-set Hinges will not resolve the issue, you may need to suggest that they contact a contractor to widen the door or you may need to suggest a bedside commode. Bottom line, we have to follow weight capacity standards and we have to order chair widths that fit the client's body to prevent skin integrity issues.

Client:
- Can't you just get me a smaller wheelchair?

ATP:
- Unfortunately, I can't do that. Insurance plans are very clear about this. When ordering custom wheelchairs, your therapist and I must recommend equipment that fits the body. Using a wheelchair that is too narrow can cause serious problems with pressure and abrasions on the legs and we want to make sure that doesn't happen.

Client:
- Can't you order a lighter weight wheelchair?

ATP:
- Unfortunately, I can't do that. There are safety and contractual requirements NSM must follow:
  - Each manufacturer lists the weight capacity of their equipment. NSM cannot supply a chair that we know does not meet the requirements.

- Your Insurance plan is very clear about this. All Custom Wheelchair frames have weight capacities. Your therapist and I must order frames that accommodate the user's weight in order to follow our contractual agreement with your insurance.

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New Referral/Initial Evaluation:

ATP:

- Always use AIDET Communication Framework when communicating with clients.
- "Once you receive your new equipment, here's everything you will need to know about our Remote Service and In-Branch Service Center."
- "All service requests start with a Remote Evaluation so our remote technicians can assess the situation virtually using a combination of audio and video diagnostics. This allows us to troubleshoot any issues and start working on the necessary solutions to resolve them quickly and more efficiently. Once the issues have been identified, the technician can start a repair order or schedule an in-person evaluation at our In-Branch Service Center for further diagnostics. Many times, the issue doesn't require either and the technician can help you resolve the problem in real time.
- When you come into our In-Branch Service Center, we will have all the tools and resources needed to diagnose the problem, repair, and make any other adjustments that may be needed. If additional parts are needed to resolve the issue, we will start a Repair order. This is a perfect opportunity for the technician to share some maintenance tips so you can proactively prevent the need for future repairs.
- I know this is a lot of information, but we will review all of this when you come in to receive your equipment and we will send you home with resources that outline our Service and Repair procedures.
- You may want to add this number to your phone now, so you don't have to hunt for it later: NSM – Service and Repair - _____ "

At Delivery:

ATP:

- "All service requests start with a Remote Evaluation so our remote technicians can assess the situation virtually using a combination of audio and video diagnostics. This allows us to troubleshoot any issues and start working on the necessary solutions to resolve them quickly and more efficiently. Once the issues have been identified, the technician can start a repair order or schedule an in-person evaluation at our In-Branch Service Center for further diagnostics. Many times, the issue doesn't require either and the technician can help you resolve the problem in real time.
- When you come into our In-Branch Service Center, we will have all the tools and resources needed to diagnose the problem, repair it, and make any other adjustments that may be needed. If additional parts are needed to resolve the issue, we will start a Repair order. This is a perfect opportunity for the technician to share some maintenance tips so you can proactively prevent the need for future repairs.
- I know this is a lot of information, but we will review all of this when you come in to receive your equipment and will send you home with resources that outline our Service and Repair procedures.
- You may want to add this number to your phone now, so you don't have to hunt for it later: NSM – Service and Repair - _____ "

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In-Branch Service Center Model:

ATP:

- ""The quickest way for NSM to resolve this issue will be for you to call this number so our Remote Service technicians can get eyes on the problem immediately. (Give number)."
- If necessary, review the Remote Service and In-Branch Service Center model:
  - "All service requests start with a Remote Evaluation so our remote technicians can assess the situation virtually using a combination of audio and video diagnostics. This allows us to troubleshoot any issues and start working on the necessary solutions to resolve them quickly and more efficiently. Once the issues have been identified, the technician can start a repair order or schedule an in-person evaluation at our In-Branch Service Center for further diagnostics. Many times, the issue doesn't require either and the technician can help you resolve the problem in real time.
  - When you come into our In-Branch Service Center, we will have all the tools and resources needed to diagnose the problem, repair it, and make any other adjustments that may be needed. If additional parts are needed to resolve the issue, we will start a Repair order. This is a perfect opportunity for the technician to share some maintenance tips so you can proactively prevent the need for future repairs."
- Clients who are used to a mobile repair model may resist the shift to Remote and In-Branch Service. Below are some possible ways to handle some of those scenarios.

Possible Client Objections	Sample Responses
I'm a wheelchair user, can't you come here?	Our service center appointment will resolve your repair much sooner than our next available home appointment." - Provide the client with estimated time lines for each type of appointment.
I don't have a vehicle available	Do you have accessible transportation? There are programs and resources in your area that provide this service at little or no charge? Keep in mind, these services are provided and available to you for this very reason. I see that you can call _____ to arrange transportation from your area, let me get you those numbers"
You've always worked on it here before. Why can't you come out to my home now?	Our in-shop technicians have more resources available to complete your repair quicky.
I can't sit there for hours in your branch while you work on my chair.	Unless there is a major issue, service appointments are typically under an hour long.
I can't bring the chair in, it doesn't work right now	Do you have support available that can help you bring in your chair/equipment?

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Return to Checklist

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MyNSMOrder.com:

FAQs:

How long will it take before I get my new chair?

- The timeline is identified on the “buck slip or ATP contact sheet”. You know we have to follow your insurance’s rules to get their prior approval of the chair. With www.MyNSMOrder.com you can have 24 hour a day access to view the status of your work order.

Why does it take so long?

- Your insurance requires that we obtain medical documentation from your doctor, sometimes referred to as the “Face-to-Face” appointment. They also require that we obtain your therapist’s (PT/OT) assessment of your medical need for the equipment and that your doctor signs off in agreement with this assessment/recommendation. We also must gather information from the manufacturers that we are using to assemble your medically appropriate chair. We then must submit all this documentation you your insurance to determine if they will approve the chair recommended today. Once we receive approval, then we order the chair, assemble it when all the components come in, and at that time we can schedule delivery to you.

Why is it taking so long to get paperwork back from my doctor?

- I understand you’re concerned about the amount of time it’s taking to process your order. If you’ll remember, we discussed the timeline at the time of your evaluation. We must follow the payer requirements set forth by your Insurance Plan, to obtain approval. With www.MyNSMOrder.com you have access to view the status of your work order. When NSM has requested required orders and signatures from your physician, you will receive a status update message. Engaging with your physician’s office to follow up on documentation that has been requested will decrease the overall timeline significantly. Have you had an opportunity to call them? I’ll request that our funding specialist follow up again as well. Thank you for being proactive in helping us obtain this documentation.

Why is it taking so long for me to receive my equipment?

- Your insurance requires that we obtain medical documentation from your doctor, sometimes referred to as the “Face-to-Face” appointment. They also require that we obtain your therapist’s (PT/OT) assessment of your medical need for the equipment and that your doctor signs off in agreement with this assessment/recommendation. We also must gather information from the manufacturers that we are using to assemble your medically appropriate equipment. We then must submit all this documentation to your insurance to determine if they will approve the recommended equipment. Once we receive approval, then we order the chair, assemble it when all the components come in, and at that time we can schedule an In-Branch delivery. We know expediency with delivery is important, we can provide a faster, more efficient delivery for you in branch. This allows us to have all tools readily available for adjustments, ensuring proper fit and operation of your equipment.

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Low Margin Best Practices:

When the client asks for a low margin item, they are often confused when you tell them we are not able to provide it. When they call their insurance company, they are told the requested code is covered under their plan, so they tend to ask lots of questions. You can say any or all of the statements below to help them understand why we cannot proceed.

- Unfortunately, we are not able to proceed with this order because your health plan does not adequately fund this level of equipment.
- We are currently working with this payer on the rates for these products because they are not at a level that supports the equipment you need.
- Your insurance company pays _____ (insert $ amount) for this product. The MSRP is _____ (insert $ amount).
- We are unable to provide this equipment because the complexity of the equipment you need is above the payment terms with your health insurance.
- This is the _____ (insert product/equipment) we can provide for _____ (insert payer name).

Be prepared for these questions and use the talking points below.

- **Can I pay the difference?**
  - No. This practice is called Balance Billing and it is prohibited in our contract with your insurance plan.

- **Can I pay out of pocket?**
  - The contract NSM has with your insurance prohibits us from accepting cash for a covered item. If you want to contact your case manager or other insurance representative and ask them how you can pay out of pocket, please send that information to us and we can coordinate with them.

- **What should I do or who should I call about this issue?**
  - We encourage you to contact the member services department of your health plan, so you can discuss it with your Case Manager.

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Product Selection

FAQs

Scenario 1: I've always recommended this Make/Model vs. another. My patients never report any issues.

- ***Important* -** *Keep them engaged in the conversation long enough to show them the value of considering alternative options by discussing clinical differences in the product. It is also OK to have a direct business conversation: "NSM provides the most appropriate product that insurance pays for that allows us to maintain a viable business."*

- I understand you have a preference and that you've grown confident that it's the best solution for your patients, but every client has unique needs, so do you mind if I ask: what is preventing you from considering "X" over "Y"? Every product is also unique in how they meet the clients' needs. I would appreciate an opportunity to have an open discussion and hear your clinical point of view."

Scenario 2: A clinician recommends power recline or a combination of power tilt AND recline, but the client does not have one or more of the following medical needs:

- A power recline (E1003-E1005) only system is covered with LCMP Eval if:
  - Documented High risk for development of a pressure ulcer and unable to perform a functional weight shift, or
  - Utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to bed (most common) or
  - Management of increased tone or spasticity (most common)

- Combination Power Tilt AND Power Recline system (E1006-E1008) must have both features separately justified and criteria for each power option met (see above). Most often Recline is medically necessary to manage catheterization or increased tone or spasticity. If recline as part of the system is only being prescribed for pressure relief that cannot be accommodated using power tilt, documentation must be clear why tilt alone is insufficient to meet their need. Access Medical Necessity Checklist and Coding Resource for Power Options and Accessories HERE

- Explain to the clinician the above referenced coverage criteria and lack of the client's medical history or current need that meets the criteria. You may proceed with power tilt (if coverage criteria met) and explain to the client that any future change in condition which DOES meet the coverage criteria for power recline, should be documented by a physician in a new face-to-face appointment. They physician can then send a new referral, with request for a functional mobility assessment, and a new evaluation can be scheduled.

ATP Scripting

Titanium or Carbon Fiber Materials

FAQs

I obtained a Titanium chair from you 5 years ago, why can't I get a replacement Titanium chair now?

1. In 2018 there was a clarification issued by Medicare regarding Titanium frames. Even if you do not have Medicare most other insurances will follow Medicare guidelines.

    - This clarification states: Manual wheelchair bases (K0001 – K0009) include construction of any type material, including but not limited to, titanium, carbon, or any other lightweight high strength material. Suppliers must not bill HCPCS code K0108 in addition to the base wheelchair for construction materials or for a "heavy duty package" reflecting the type of material used to construct the manual wheelchair base. Billing for construction material is considered incorrect coding – unbundling.

    - This policy can be found: https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleid=52497

2. The NSM contract with your insurance does not allow NSM to accept payment from you directly on items that are covered by your insurance.

3. We can only provide a Titanium/Carbon Fiber chair to Traditional Medicare Beneficiaries on a "Non-Assigned" claim. Meaning you would pay the full amount (including any upcharges for Titanium/Carbon Fiber) to NSM. NSM will submit your claim unassigned. Medicare will reimburse you the amount that is within their fee schedule. Do we need to add anything about an ABN?

Why can't I pay for the upgrade?

- The NSM contract with your insurance does not allow NSM to accept payment from you directly on items that are covered by your insurance

My 'friend/neighbor' just got a Titanium/Carbon Fiber chair. Why can't I get one?

- Everyone's insurance is different. Your plan does not allow for us to accept any money from you for this upgrade and your insurance considers the base material (Titanium/Carbon Fiber) as part of the base cost and we cannot provide as an upgrade.

ATP Scripting

Scooters

Scenario A:
A referral is received for a "non-descript" power mobility device and client requests a scooter because they need it to go outside (community use, grocery store, sporting events, etc.) and it can be easily transported in their vehicle, but the client's insurance plan DOES NOT consider community mobility.

Client Interaction:
"I understand that being independent in the community is important, and I'm here to help you understand the options available to you, based on your insurance plan's coverage criteria and the medical history we received from the prescribing physician. However, your insurance plan has specific criteria and guidelines that must be met to be considered for payment. Although beneficiaries who qualify for coverage of a power mobility device may use that device outside the home, your plan's coverage of a POV is determined solely by your mobility needs within the home."

***Note**: If a clinician(OT, PT, or Physiatrist) is involved, the functional mobility evaluation will also be used to determine appropriate equipment type.

Scenario B:
A referral is received for a "non-descript" power mobility device and client requests a scooter because they need it for in home AND community use BUT one or more of the following issues are at hand:

- A scooter is not maneuverable for in home use.
- Client cannot safely transfer in/out of scooter.
- Client cannot safely or independently operate hand tiller steering system.
- Client cannot maintain stability and position while operating the scooter in the home.

Client Interaction:
"I understand that being independent in the community is important, and I'm here to help you understand the options available to you, based on your insurance plan's coverage criteria and the medical history we received from the prescribing physician. However:

- "The overall length of this scooter increases the overall turning radius and prevents the scooter from maneuvering in confined spaces. Let me show you another "portable" option for consideration." (Example: Pride GoChair Med, Shoprider Jimmie; HCPCS K0821)
- "The foot or floorboard of the scooter is fixed. To transfer safely in/out you must either a) access the lever under the seat to swivel the seat to the side, or b) step over the floorboard of the scooter and maintain stability on one leg. Your medical history and the Functional Mobility Evaluation conducted shows significant physical limitations, so I'd like to show you a more appropriate option." (Example: Pride Jazzy Evo, Pride GoChair Med, Shoprider Jimmie; HCPCS K0823 or K0821)
- "Operation of the tiller steering system requires the user to have one, if not both, upper extremities unaffected by any physical limitations for safe, functional operation of the device. Your medical history and the Functional Mobility Evaluation demonstrate that you have the following upper extremity limitations (refer to LMN and Progress Notes). Allow me to show you a more appropriate option." (Example: Pride Jazzy Evo, Pride GoChair Med, Shoprider Jimmie; HCPCS K0823 or K0821)
- "Due to the following (insert head, neck, or trunk limitations), I'm concerned about your ability to maintain stability and position while operating the scooter in the home, which is a coverage criterion that must be met by your insurance plan. Allow me to show you a more appropriate option." (Example: Pride Jazzy Evo, Pride GoChair Med, Shoprider Jimmie; HCPCS K0823 or K0821)
- (If there is a history of/current pressure ulcer): Your medical condition requires the use of a specialty cushion. Specialty cushions are not available for use on a scooter. I cannot supply a scooter with a specialty cushion to protect your skin. Allow me to show you a more appropriate option (Example: Shoprider XLR 14-CS, Quantum J4 HD w/Power Positioning, Quantum J4 HD 2SPHD-SS, or Quantum Jazzy1450 single power VHD: HCPCS K0836, K0836, K0837, K0838, K0839, K0840)

ATP Scripting

Deferral/Denial:

Scenario A:

An expected denial is received from a health plan due to non-covered item/s being requested. (Your NSM Funding Specialist should notify you that a denial has been received)

- **Step 1:** Discuss the denial with your NSM Funding Specialist and inquire about the opportunity for the client to waive benefits and self-pay for the item/s being requested. If benefits can be waived, the NSM Funding Specialist will determine the appropriate Self-Pay Pricing based off of NSM's Self-Pay Policy, which can be found HERE
- **Step 2:** You and/or the funding specialist will contact the client to explain the available option.

Benefit Waivers Allowed:

- "Hello (insert client name), I'm calling with an update regarding your work order. We've just received a response from your health plan, and, as expected, they did deny the request because it is not a covered benefit of your plan at this time. Remember we discussed the likelihood of a denial at the time we met for the evaluation? The good news is your health plan does allow their members to waive benefits and we've determined the self-pay pricing if you'd like to proceed with obtaining the requested equipment."

Benefit Waivers Not Allowed:

- "Hello (insert client name), I'm calling with an update regarding your work order. We've just received a response from your health plan, and they have denied the request because the items are not a covered benefit of your plan at this time. Unfortunately, your plan does not allow their members to waive benefits, with the option to self-pay for the item/s being requested.

- Please understand, this is a policy enforced by your health plan, not NSM. We recommend that you contact a representative of your health plan to advocate on your own behalf. Please contact me at this number if I can be of assistance to you in the future. We appreciate you choosing NSM."

Scenario B:

You are requesting a 5+ year replacement chair and a deferral is received. The health plan has denied the mobility base as not medically necessary. (Your NSM Funding Specialist should notify you that a denial has been received)

- **Step 1:** Discuss the denial reason and possible appeal opportunities with your NSM Funding Specialist. If filing an appeal is an option , obtain the necessary steps so you may explain to both the clinician and the client. If an appeal is not possible, inquire if the health plan allows for the client to waive benefits and pay out of pocket for the equipment being requested.
- **Step 2:** Provide a courtesy call to the clinician (especially if they treat the client on a regular basis) and explain that a denial has been received. If the opportunity for an appeal is available, explain the process to the clinician. (Appeals process may vary by health plan)
- **Step 3:** Contact the client. See below:

"Hello (insert client name), I'm calling to provide you with an update on your work order. Currently, we have received a denial from your health plan. I understand that you received a similar mobility base in the past so this may be confusing. I assure you that NSM submitted all required documentation on for review. Let me read to you the reason for the denial (from the denial letter received from health plan). You will also receive a copy in the mail."

- If appeal options exist, explain the process and any additional information or signatures that may be needed.
- If all options are exhausted, explain to the client that a modification to existing equipment may be possible and ask if they'd like to proceed with that option.

ATP Scripting

Deferral/Denial:

Scenario 3:

NSM submitted a request for prior authorization, and a deferral was received requesting additional information from both the RTS/ATP and the LCMP who completed the functional mobility assessment. (Your NSM Funding Specialist should notify you that a deferral has been received)

- **Step 1:** Discuss the deferral request with your NSM Funding Specialist. Inquire about the meline the health plan has allowed to obtain additional information and ask the funding specialist if we have the option to withdraw the request. (Withdrawing the request allows NSM to obtain additional information needed without risk of receiving a denial for not submitting timely)
- **Step 2:** If requested information is needed from the RTS/ATP, promptly supply an ATP addendum to the NSM Funding Specialist. If nothing is needed from any other medical professional, the funding specialist will re-submit the prior authorization request. If additional information is needed from another medical professional, proceed to Step 3.
- **Step 3**: Contact the LCMP and/or medical professional involved to explain the deferral reason and additional information requested. (It is the responsibility of the clinician to scribe the LCMP addendum to maintain compliance. The RTS/ATP may support the clinician with information relative to the product capabilities, performance and intended use)
- **Step 4:** Contact the Client. See below:

“Hello, (insert client name), I’m calling with an update regarding your work order. We’ve just received a response from your health plan, requesting additional information. Please don’t be alarmed, as it is not an unusual occurrence. Rest assured, NSM has already started obtaining the documents required. I’ve completed my addendum and have requested the remaining clinical information from (insert LCMP name). Once this has been received, NSM will re-submit the request to your health plan. I appreciate your understanding. Do you have any questions I haven’t answered for you?

ATP Scripting

Return Resolutions:

Scenario A:

Equipment was entered correctly in work order detail, but incorrect items were received from supplier.

Client Interaction:

“Hello, I am reaching out to you regarding your (Order Type) with NSM. I wanted to provide you with an update: We received an incorrect part from the manufacturer, but rest assured, I have already contacted the supplier for a resolution, and expect to receive the replacement item by (provide timeframe). Once all items have been received, you will be contacted to schedule delivery at our In-Branch Service Center.”

Scenario B:

RTS/ATP makes a delivery schedule attempt call on an order that client issued payment to NSM and you discover that the client has passed away. In the event a refund is due to a client, reference (Insert Refund and Return Goods Policy) for processing the refund and return requests.

Client Interaction:

“ I am sorry for your loss. I need to confirm if the payment was issued via check or credit card? I will immediately submit a refund request on the client’s behalf. Please know, NSM’s Billing Center team will first determine if there are any outstanding balances from previous work orders. Any funds will be applied to outstanding balances prior to a refund being issued. Refunds will always be issued to the person or Payer that provided payment.”

Scenario C:

RTS/ATP makes a delivery schedule attempt call and client states they no longer want/need the item(s) ordered.

Client Interaction:

“ I understand you feel you no longer need/want the items ordered. However, because the equipment was prescribed by your physician and a therapist was involved in the process, I must first communicate with them your desire to cancel the work order. Your physician and/or therapist on record may want to reconvene to determine appropriate needs and next step actions.

Continued on page 24

ATP Scripting

Return Resolutions

Post-Delivery Return Scenario

Scenario A:

Equipment has been delivered and you receive a call from the client, attempting to return the items ordered.

Client Interaction:

Client:
“You delivered my chair last week and I cannot use it (it’s uncomfortable, it doesn’t fit right, it’s too big, too small, etc.)”

ATP:
“First, I’d like to thank you for calling to let me know there are some issues since delivering your equipment. I hear your frustration and I’d like to learn more about the problems you’re experiencing to determine a resolution. Because the equipment was prescribed by your physician to fulfill a medical need, I’d like to determine if the issues can be easily addressed. Let’s find a time for you to return to our Service Center. By doing so, I’ll have all the tools readily available for seating adjustments, trials, and programming needs. When are you available for an In-Branch Service appointment for an assessment?”

Client:
I’m unable to use my power chair (or scooter). It’s not maneuverable in my home.

ATP:
“First, I’d like to thank you for calling to let me know there are some issues since delivering your equipment. I hear your frustration and I’d like to learn more about the problems you’re experiencing to determine a resolution. An In-Home Evaluation was conducted to determine if the equipment recommendations would appropriately maneuver within your home, to include doorway and hallway widths. May I schedule a home visit so you can demonstrate where you’re facing an issue? There may be a quick, easy solution.”

ATP Scripting

Chair Replacement Queue:

ATP:

Compliance reminder: we can't simply ask them if they want a new chair.

"Hello, I am reaching out to you regarding your current equipment NSM supplied (fill in the date of delivery of equipment). Can I ask you a few questions?

- Are you still using your chair?
- Does it still meet your medical needs and are there repairs needed?
    - If yes, no follow up needed – maybe call back in 6 – 12 months.
    - If no, why?
    - If no:
        - Would you like for me to schedule a time to re-evaluate your chair for potential modifications to address why it's not meeting your medical needs?
        - What is your current insurance?
            - Is it the same as when you obtained this chair?
        - Are you currently working with a PT/OT? Have you worked with a PT/OT in the past 6-12 month?
            - Why? Because we may need a PT/OT Specialty Evaluation
            - If yes, can we have their name and phone number to contact?

AIDET® Communication Framework

This job aid is intended for all National Seating and Mobility employees to utilize when communicating with clients and co-workers.

A	Acknowledge	Greet the client by name. Make eye contact, smile and acknowledge family or friends in the room.
I	Introduce	Introduce yourself with your name, skill set, professional certification, and experience.
D	Duration	Give an accurate time expectation for next steps. When this is not possible, give a time in which you will update the client on progress.
E	Explanation	Explain step-by-step what to expect next, answer questions, let the client know how to contact NSM.
T	Thank You	Thank the client and/or family. Express gratitude for them for choosing NSM. Thank family members for being there to support the client.

AIDET® is an evidence-based best practice that will:

- ✓ Increase **client loyalty and ALL customer satisfaction**
- ✓ **Build confidence** in our skills and dedication
- ✓ Take the **guesswork out** for our care
- ✓ **Reduce anxiety**
- ✓ Create **consistent client/customer service**
- ✓ Provide leaders with a consistent framework to train new team members
- ✓ Create **clear, consistent, high-quality communication** across NSM

NSM Dress Code

NSM expects employees to dress appropriately in business casual attire. NSM's offices try to provide a workplace environment that is comfortable and inclusive for all employees. Employees are expected to demonstrate good judgment and professional taste.

Employees are expected to in dress business casual or professional attire when meeting with vendors, clients, or visitors in the office. Employees should dress appropriately for any professional functions they attend on behalf of NSM.

This list is not all encompassing and there may be some variation based on location. Please consult your supervisor or Human Resources should you need further clarification.

Acceptable	Non-Acceptable
Bottoms	
• Career slacks, khakis, or Docker style of pants • Dressy capris • Leggings with dresses at fingertip length • Proper-fitting jeans without holes or tears	• Jeans with holes, tears, or fringe • Shorts • Sweatpants • Exercise wear • Spandex/leggings (not worn with an appropriate length dress) • Scrubs
Tops and Dresses	
• Blouses that are not revealing • Sleeveless shirts (Straps need to be the width of a dollar bill) • Knit tops • NSM logo wear • Sweaters • Polo collar knit or golf shirts • Dresses and skirts that are not revealing and are at fingertip length.	• Any T-Shirts with graphics or logos other than the company logo. • Sweatshirts • Scrubs • Beachwear • Exercise wear • Clothing showing midriffs • Spaghetti straps • Strapless dresses or tops • Tight fitting and / or revealing clothing
Shoes	
• Dress sandals • Flats • Tennis shoes or athletic shoes (position-specific) • Heels • Boots	• Beachwear / Flip Flops / Slides (ex: Adidas) • Any shoes that are not clean and neat • Tennis shoes or athletic shoes (position specific)