

UPD Document and Authorization Management Policy

Policy F-1000

<i>Department(s)</i>	<i>Funding, Payer Relations</i>
<i>Effective Date</i>	<i>November 20th, 2021</i>
<i>Version Number</i>	<i>3</i>
<i>Last Review</i>	<i>March 17th, 2025</i>

Scope

All National Seating & Mobility policies and procedures apply to all owners, directors, officers, and employees of NSM and all related entities equally unless otherwise indicated.

Purpose/Policy Introduction

It is critical that updates made to our Document Requirement and Authorization Requirement Sections in the Universal Payer Database (UPD) are reviewed and approved at the appropriate levels.

Policy

This policy outlines requirements when updating and maintaining the UPD. The UPD is a critical source of information that ensures compliance with payer guidelines. Adding and removing documentation or authorization requirements requires advanced notice to prevent delays in client care and to ensure the most up-to-date information for our payers is being followed.

Procedure

National Payers

- All requests to **add or remove** any document requirement for a payer must be submitted to the DFD team for review and final approval prior to the update being made.
- All requests to **change** any document requirement to a pre-delivery or delivery document type must be submitted to the DFD team for review and final approval prior to the update being made.
- All requests to **remove or lessen** Auth Requirements for a payer, must be submitted to both the DFD team and Billing and Reimbursement Directors for review and final approval prior to the update being made.
- Upon approval, the DFD, Training & Improvement Manager, or Payer Profile Specialist will update the UPD and an email with the specific changes will be sent to the All-Funding group.

Regional Payers

- All requests to **add** any document requirement may be completed by any Funding Supervisor, Training & Improvement Manager, Payer Profile Specialist or above. The information must be appropriately researched and confirmed including but is not limited to reviewing a provider manual, payer website, etc. Once completed, an email with the specific changes will be sent to the affected regional funding team.
- All requests to **remove** any document requirement must be submitted to the DFD for review. Upon approval, the DFD, Training & Improvement Manager, or Payer Profile Specialist will complete the update and an email with the specific changes will be sent to the affected regional funding team.
- All requests to **change** any document requirement to a **submission or pre-delivery document type** may be completed by any Funding Supervisor, Training & Improvement Manager, Payer Profile Specialist or above. The information must be appropriately researched and confirmed including but is not limited to reviewing a provider manual, payer website, etc. Once completed, an email with the specific changes will be sent to the affected regional funding team.
- All requests to **change** any document requirement to a **delivery document** or add a new document as a delivery document type must be submitted to the DFD team for review and approval. Upon approval, the DFD, Training & Improvement Manager, or Payer Profile Specialist will complete the update and an email with the specific changes will be sent to the affected regional funding team.
- All requests to **remove or lessen** Auth Requirements for a payer, must be submitted to both the DFD team and Billing and Reimbursement Directors for review and final approval prior to the update being made.

Payers **without** documented payer requirements

- If the payer's UPD has no payer requirements, a PSP ticket should be entered so the requirements can be researched with the payer. Should the payer not be able to provide specific document requirements, the below document requirements will be set in the UPD accordingly. If the payer also does not have a payer specific authorization form, the Authorization Form Required in the UPD should be selected as **Generic PA** form.
- Document requirements will fall into the following categories identifying when the document is required in the process. **(S) Submission**, required for Submission **(P) Pre-Delivery**, not required for submission, but required prior to delivery **(D) Delivery**, can be secured at time of delivery, **(O) Optional**, this document is situationally required.

Medicare Advantage

- [Complex Power](#)- Face to Face (S), Financial Attestation(S), In home eval (D), LMN(S), PMDSWO(S)
- [Complex Manual](#) - Financial Attestation(S), In home eval (D), LMN(S), RX/DWO(S)
- [Standard Manual](#) - In home eval (D), LMN(S) Note: Medical Record from MD, PT or OT reflecting need for wheelchair and/or accessories. , RX/DWO(S)
- [Standard Power/Scooter](#) - Face to Face(S) Note: reflecting need for wheelchair and/or accessories, In home eval (D), PMDSWO(S), PT/OT Eval if F2F incomplete (O) Note: If F2F req add'l info, Auth'd by PT/OT signed by MD
- [Repairs/Cushion](#)- RX/DWO(S)
- [Modifications](#) - LMN(S), RX/DWO (S)
- [ADL's](#) - LMN(S) Note: Medical Record from MD, PT or OT reflecting need for all items and/or accessories, RX/DWO (S)
- [Loaner](#)- Loaner agreement (D)
- [Access](#) - Determine Doc Requirements (S) Note: Once determined what docs are required by payer, report to funding leader to update UPD.
- [Supplies](#) - RX/DWO (S)

All other payers

- [Complex Power](#) – LMN (S), RX/DWO (S)
- [Complex Manual](#) – LMN (S), RX/DWO (S)
- [Standard Manual](#) – LMN (S) Note: Medical Record from MD, PT or OT reflecting need for wheelchair and/or accessories., RX/DWO (S)
- [Standard Power/Scooter](#) - LMN (S) Note: Medical Record from MD, PT or OT reflecting need for wheelchair and/or accessories., RX/DWO (S)
- [Repairs/Cushion](#) - RX/DWO (S)
- [MOD's and ADL's](#) – LMN(S), RX/DWO (S)
- [Loaner](#) - Loaner agreement (D)
- [Access](#) - Determine Doc Requirements (S) Note: Once determined what docs are required by payer, report to funding leader to update UPD.
- [Supplies](#) – RX/DWO (S)

Our PSP payer services portal may be used to submit UPD update requests and is used as a process for Funding Directors to review and approve proposed changes.

References/Resources

Definitions

Term	Definition
National Payers	Payers that span across several locations such as Medicare, Humana, United Healthcare and Aetna.
Regional Payers	Payers that are often state-specific and local to one market such as state Medicaid payers.
PSP Ticket	Payer Services Portal Ticket found on WNSM https://wnsm.com/Departments/Payer-Relations/Home.aspx
Note	A note to be added in the UPD under the document requirement in the document's note section that outlines detailed information regarding the specific payer requirement.
DFD	Division Funding Directors. Also includes Senior Director of Funding.

Policy History

Creation/Revision/Review Date	Author/Reviewer	Approved by	Description
November 20 th , 2021	Funding Directors	Funding Directors	Created UPD management policy
February 15 th , 2024	Funding Directors	DFDs/Payer Relations	Added default payer requirements based on payer type should payer not document specific documents required.
March 17 th , 2025	Funding Directors, Billing/Collections Directors	Funding Directors	Expanded policy to authorization requirements. Added an approval process when authorization requirements are removed or lessened.