



# NATIONAL SEATING & MOBILITY

## **Policy S-200 Delivering and Billing for Loaner Parts and Chairs**

### **Introduction**

Frequently NSM may not have the ability to repair a client's chair at evaluation, and the client may need a loaner part or chair to maintain mobility until their chair is repaired. The intent of this standard operating procedure is to guide you through the process of giving excellent service by providing a client access to a functioning mobility device while repairs are in process, and to ensure NSM is reimbursed for the loaner parts or chair that is delivered.

### **Procedure**

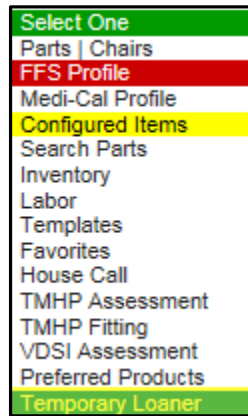
#### **Customer Service**

1. Repair call or fax is received at the branch.
2. The CSR will open a new work order and conduct the following
  - a. Interview the client and complete the Repair Triage Form (*policy S-225 attachment A*).
  - b. If determined, document that the client's chair is not operational on the Repair Triage Form. In addition, include the statement, "client chair is not operational, assess for loaner", in the work order notes and calendar entry for the Technician.
  - c. Verify that the previous insurance information and address is correct, and obtain any missing client demographics to include email.
  - d. Schedule the evaluation date with the client, update the scheduled evaluation date, and add a new calendar event to the associated Technician's schedule.
  - e. Inform the client that co-insurance may apply if loaner parts or a chair is delivered by the Technician.

#### **Technician (Evaluation)**

1. Prior to departing on the daily route, the Technician will review all orders on their assigned route and determine the need to load loaner part/chair.
  - a. The Technician will pull the loaner part/chair from the branch loaner pool.
  - b. The Technician will ensure the loaner part/chair is appropriate for the client by reviewing current primary chair in Rehab Advisor.
2. After the repair evaluation is completed, if the chair is still not functional, the Technician will:

- a. Remind the client that there may be a co-insurance due in regards to the loaner part/chair but that it's important to you that the client be provided an operational chair right away. The office will contact them later to advise them of their amount due.
  - b. Deliver or install a loaner part/chair for the client, and ensure it is an appropriate temporary solution. The Technician will then have the client demonstrate the use of the equipment to ensure it is working appropriately.
  - c. Complete the Temporary Loaner Replacement Agreement (*attachment A*) in its entirety, and have it signed by the client.
  - d. Check the 'Loaner' box on the main screen of Rehab Advisor and if applicable, enter the loaner chair serial number information into the main screen of the work order.
3. When entering Chairbuilder, the Technician will include a 'Temporary Loaner' with the detail of the parts required for repair as illustrated below:
    - a. Select "Temporary Loaner" from the parts drop down in Chairbuilder.



- b. Enter a brief description of the loaner product being provided in the associated detail line.
4. Return or upload documents per standard process.

**Processor**

1. The Processor will confirm that K0462 is a benefit of the client's payer/plan.
2. Validate that the information contained on the Temporary Loaner Replacement Agreement reflects the equipment that we provided in the Rehab Advisor detail.
3. Pull the rental allowable amounts for the payer.
  - a. The line detail will come without any pricing. There are two places that require entry of pricing to allow successful billing.

i.

Temporary Loaner	K0462	1	Each	0.00	0.00	<input checked="" type="checkbox"/>	0.00	0.00
PWC LNR CNTRL AND J/S PARTS ON ORDER PT OWN K0861 08/14				0.00	0.00	<input type="checkbox"/>		
					0.00	<input type="checkbox"/>	0 %	10
MEDICARE JURISDICTION D				K0462				0.00
							Coordinated Benefits Amt	0.00

- ii. Enter the rate into the price field to set the MSRP/UCR according to the payer pricing policy.
- iii. Enter the allowable into the allowable field, in the example below 815.27 is the allowable.
- iv. Press update Update Work Order and the line will price and set the allowable.

<b>Temporary Loaner</b>	K0462	1	Each	1,304.43	1,304.43	<input checked="" type="checkbox"/>	0.00	0.00		
PWC LNR QUANTUM Q6 MPO BAD CNTRL PARTS ON ORDER PT OWN				0.00	0.00	<input type="checkbox"/>				
					0.00	<input type="checkbox"/>	0	%	10	
<b>100.00%</b>   MSRP \$815.27	MEDICARE JURISDICTION D	K0462							815.27	
									Coordinated Benefits Amt	0.00

4. In a case where a part is being loaned versus a chair base, check the detail on the Temporary Loaner Replacement Agreement.

<b>Description of patient owned chair:</b>		<b>Description of loaner chair:</b>	
Model: <u>R6, Tilt, Rec, Seat</u>		Make: _____	
HCPCS: <u>K0861</u>		Model: _____	
Date of Purchase: <u>8/2014</u>		Serial No: _____	
<b>Description of loaner part(s) if applicable:</b>			
HCPCS <u>E2311</u>	Description <u>ELECTRO CONNECT</u>		
HCPCS <u>E2321</u>	Description <u>TOYSTICK, MD</u>		
HCPCS _____	Description _____		
HCPCS _____	Description _____		
<b>Short reason for why loaner is needed (Why repair took longer than a day):</b>			
Chair Back to Shop, Parts On Order, Chair Inoperable, etc.			
<u>PARTS ON ORDER</u>			

- a.
- b. Add the allowable up for the two parts, in this example the allowable for the items is \$226.66 for E2311 and \$152.04 E2321 for a total of \$378.70.
- c. Enter this allowable into the two fields for pricing.

<b>Temporary Loaner</b>	K0462	1	Each	378.70	605.92	<input checked="" type="checkbox"/>	0.00	0.00		
PWC LNR CNTRL AND J/S PARTS ON ORDER PT OWN K0861 08/14				0.00	0.00	<input type="checkbox"/>				
					0.00	<input type="checkbox"/>	0	%	10	
<b>100.00%</b>   MSRP \$378.70	MEDICARE JURISDICTION D	K0462							378.70	
									Coordinated Benefits Amt	0.00

- d. Press update and confirm your values.

<b>Temporary Loaner</b>	K0462	1	Each	605.92	605.92	<input checked="" type="checkbox"/>	0.00	0.00		
PWC LNR CNTRL AND J/S PARTS ON ORDER PT OWN K0861 08/14				0.00	0.00	<input type="checkbox"/>				
					0.00	<input type="checkbox"/>	0	%	10	
<b>100.00%</b>   MSRP \$378.70	MEDICARE JURISDICTION D	K0462							378.70	
									Coordinated Benefits Amt	0.00

- e. The detail should have one line only for your loaner equipment whether it's one base or three parts.

f. The detail may look something like this:

<b>Temporary Loaner</b>	K0462	1	Each	605.92	605.92	<input checked="" type="checkbox"/>	0.00	0.00	
PWC LNR CNTRL AND J/S PARTS ON ORDER PT OWN K0861 08/14				0.00	0.00	<input type="checkbox"/>			
					0.00	<input type="checkbox"/>	0 %		10
<b>100.00%</b>   MSRP \$378.70	MEDICARE JURISDICTION D	K0462							378.70
Coordinated Benefits Amt									0.00
<b>Quantum Rehab Parts</b>	CTL124653	1	Each	1,570.80	1,570.80	<input checked="" type="checkbox"/>	0.00	0.00	
CONTROLLER,JOYSTICK MODULE Q-LOGIC 2,4 KEY,LIGHTS,W/LCD				325.45	325.45	<input checked="" type="checkbox"/>			
					0.00	<input type="checkbox"/>	0 %		30
<b>76.09%</b>   MSRP \$981.75	MEDICARE JURISDICTION D	E2321							1,361.20
Coordinated Benefits Amt									0.00
<b>Quantum Rehab Parts</b>	ELEASMB4301	1	Each	4,652.42	4,652.42	<input checked="" type="checkbox"/>	0.00	0.00	
ELECTRONIC,ASSY,TRU-BALANCE,TILT/ELEVATE/COMBINED				963.92	963.92	<input checked="" type="checkbox"/>			
					0.00	<input type="checkbox"/>	0 %		40
<b>56.60%</b>   MSRP \$2,907.76	MEDICARE JURISDICTION D	E2311							2,220.90
Coordinated Benefits Amt									0.00

5. *Collect the co-payment if applicable, the rental allowable is subject to the 20% Co-insurance from Medicare.*

6. Process the work order per normal process.

### Customer Service

1. When a repair order is ready to be scheduled and the client's work order indicates (loaner box marked) a loaner part/chair is still with the client, the customer service representative will:
  - a. Remind the client that the Technician will be retrieving the loaner part/chair after the repairs are completed.
  - b. Prepare a pick up ticket for the Technician, and note the work order and calendar entry with a reminder to have the loaner part/chair picked up after the repair is completed

### Technician (Delivery of Repair and Pick up of Loaner)

1. Complete repair for the client, and allow them to demo the repaired chair to ensure the repair is complete and the chair is now fully operational.
2. Have the client sign the pick-up ticket.
3. Complete the delivery paperwork per policy, and note the work order that the loaner was picked up.
4. Uncheck the 'loaner' check box in Rehab Advisor.

**Policy S-200 Delivering and Billing for Loaner Parts and Chairs**

**Attachment A**

**TEMPORARY REPLACEMENT LOANER EQUIPMENT AGREEMENT**

Tech Name: \_\_\_\_\_ Delivery Date: \_\_\_\_\_  
Client Name: \_\_\_\_\_  
Client Address: \_\_\_\_\_  
\_\_\_\_\_

**Description of Client owned chair:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ HCPCS: \_\_\_\_\_  
Date of Purchase: \_\_\_\_\_

**Description of loaner chair:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ SN: \_\_\_\_\_

**Description of loaner part(s) if applicable:**

HCPCS: \_\_\_\_\_ Description: \_\_\_\_\_  
HCPCS: \_\_\_\_\_ Description: \_\_\_\_\_  
HCPCS: \_\_\_\_\_ Description: \_\_\_\_\_  
HCPCS: \_\_\_\_\_ Description: \_\_\_\_\_

**Short reason for why loaner is needed (Why repair took longer than a day):**

\_\_\_\_\_

National Seating & Mobility is happy to provide you with loaner equipment while your equipment is being repaired. At the time this equipment was received by you, it was in good working condition and free of damages. **You are responsible for all damages caused by misuse, neglect, loss or theft.** Should any damages occur to the equipment even if cause is unknown, you will be held liable for the cost of repair or replacement.

Should any normal wear and tear cause the equipment to become unstable, please notify National Seating & Mobility immediately and we will repair the equipment or provide you with a replacement loaner.

I have read and understand the above terms for use of National Seating & Mobility's loaner equipment. I agree to accept financial responsibility for any damages inflicted on the equipment while in my care. I have inspected the equipment and agree it is in good working condition. **I have been instructed on the safety and proper use of the equipment.**

Client name: (please print): \_\_\_\_\_  
Client signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized representative: (please print): \_\_\_\_\_  
Authorized representative signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to Client: \_\_\_\_\_