



QUALITY - TRAINING - IMPROVEMENT - PROCESS

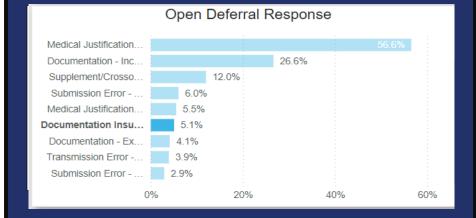
Validation of Documentation

The documentation validation process in Mobility Advisor, is in place to ensure that our Funding Team reviews and "approves" pertinent medical documentation that is critical to getting approval from the Funding source for the client's equipment. This process is in place to give our Funding Team a chance to avoid deferrals/denials by catching missing information and incomplete documentation prior to submission.

What can we catch with proper Validation?

- ✓ Missing medical justification for specific order details
- / Invalid HCPC codes
- Qualifying DX's that are missing for seating/GRP 3
- ✓ Documentation being expired









Avoiding Deferrals/Denials:

Dealing with deferrals/denials are part of Funding day to day responsibilities. However, we can avoid many of the top deferral reasons through validation. Currently, 88.7% of the top most current deferrals are avoidable if we are taking the time to validate correctly.

Medical Justification - No Qualifying Diagnosis

Medical Justification - Payer Requirements for Medical Need Not Met

Documentation - Incomplete/Missing Information

Documentation - Incorrect or Missing Pricing/Quote

"Not One Bad Dollar!"

When reviewing the documentation think about the payer's coverage criteria and answer these questions:

*Is the documentation signed/
dated by the correct practitioner?

*Is there a practitioner concurrence statement on the Therapist LMN?

*Does the client have a valid diagnosis for the equipment being ordered? (When required)

*Has all lower-level equipment been ruled out?

*Has the client ambulation status been addressed?

*Has the client MRADLs' been addressed? i.e. toileting, feeding, grooming and bathing

*Are there objective measurements of the client extremities?

*Are All the billable items justified?

*Can the client safely use the equipment inside their home?

*Is the client home accessible?