

Q T.I.P Corner

QUALITY - TRAINING - IMPROVEMENT - PROCESS

Reducing Medicare Deferrals

Navigating Medicare may seem difficult on the surface. However, Medicare sets clear guidelines as to medical necessity and documentation requirements. Taking the time to ensure these guidelines are met and double-checking documentation, signatures and date compliance can ensure a clean submission on our first attempt. Following these guidelines and submitting clean funding packets will help reduce our deferrals and ultimately ensure quality and timely care for our clients.

Interpreting Common Deferrals:

- ❖ The “Face to Face examination” as indicated in the deferral below encompasses the MD notes and the LMN (PT/OT) Eval. It does not specify the MD record only. It is often more efficient to request the needed info from the PT/OT. (LCMP refers solely to PT/OT eval)

- The face-to-face examination does not indicate that the beneficiary's limitation of upper extremity function is insufficient to self-propel an optimally-configured manual wheelchair in the home in order to perform mobility-related activities of daily living (MRADLs).
There is insufficient objective data to rule out the use of a manual wheelchair. Please provide upper extremity muscle strengths, range of motion measures, pain score by location, etc., to support reason given for the inability to use a manual wheelchair.
 Refer to Local Coverage Determination 33789 Policy Article A52498.
- ❖ If “Addendum” is indicated anywhere on the MD notes, it must be clearly identified within the notes. Failure to identify the change will result in a Medicare deferral due to “Improper record keeping”
 - Example of Improper Addendum:
<https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:fe5d946b-a4a6-4f3c-90bc-f07d9aa90523>
 - Example of Proper Addendum:
<https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:bb8a8e68-2b1f-401c-9c4a-176356538547>

Tips & Tricks:

- ✓ Use Coversheets/Separation Sheets to put documents in order.
 - Ensures a complete packet is built.
 - Helps the review team easily identify documentation submitted.
- ✓ Double-check coding on SWO/DWOs
- ✓ Ensure documentation is not back-dated (current dates used)
- ✓ Attach unsigned copies of DWO/SWO, LMNs, etc. when signed copies are blurry/hard to read.
 - Add “Copy for Clarity” stamp on all unsigned copies.
- ✓ Signatures/dates are all electronic or all handwritten.
- ✓ Signature dates are in sequential order (F2F/LMN are performed within guidelines; DWO/SWO dated last)
- ✓ Do a final check of funding packet before submitting.

Important Notes:

- Face-to-Face evaluation **must** be performed in-person or by video telehealth.
- The need for an addendum **does not** reset DWO/PMDSWO requirements - only a new evaluation (F2F or LMN) requires a new completed DWO/PMDSWO
- Down-coding: when the beneficiary **does not** qualify for a basic seat/back - the **ONLY** option is a captain seat base.
- ADMC will review all codes and no appeal/resubmission rights.
 - May only submit **twice** in a 6-month period.
- PAR will review only for base and voluntary codes.
- Power assist (E0983/E0986) falls under PWC base regarding doc requirements/qualifications.
- Any change made to **any** medical documentation must be clearly identified.
 - Corrections – single line through incorrect text. Initialed/dated by author.
 - Addendum/Additions- clearly identified with initials, time/date of author.