

2023 SYMPOSIUM
CONTINUING EDUCATION UNIT
February 2023

ATP Tools of the Trade

JACKIE JAMES, OT, ATP
BRIAN PERKOWSKI, PT, CRTS, ATP

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Welcome & Introductions



Jackie James OT, ATP
*Clinical Director – Payer Relations
Austin, Texas*



Brian Perkowski PT, CRTS, ATP
*ATP, Branch Manager
Branch 109 – Wall, NJ*

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Learning Objectives

- Demonstrate an understanding of current equipment denial trends by listing 4 key aspects that have changed in the past 5+ years
- List three elements that are most often missing from the Letter of Medical Necessity (LMN) that contribute to equipment denials
- Identify three things you can do to support the therapist during the evaluation, so the LMN they write is connected to policy and client specific
- Commit to regular weekly communication between Funding Specialist and ATP for improved outcomes, specifically in regards to LMN acquisition





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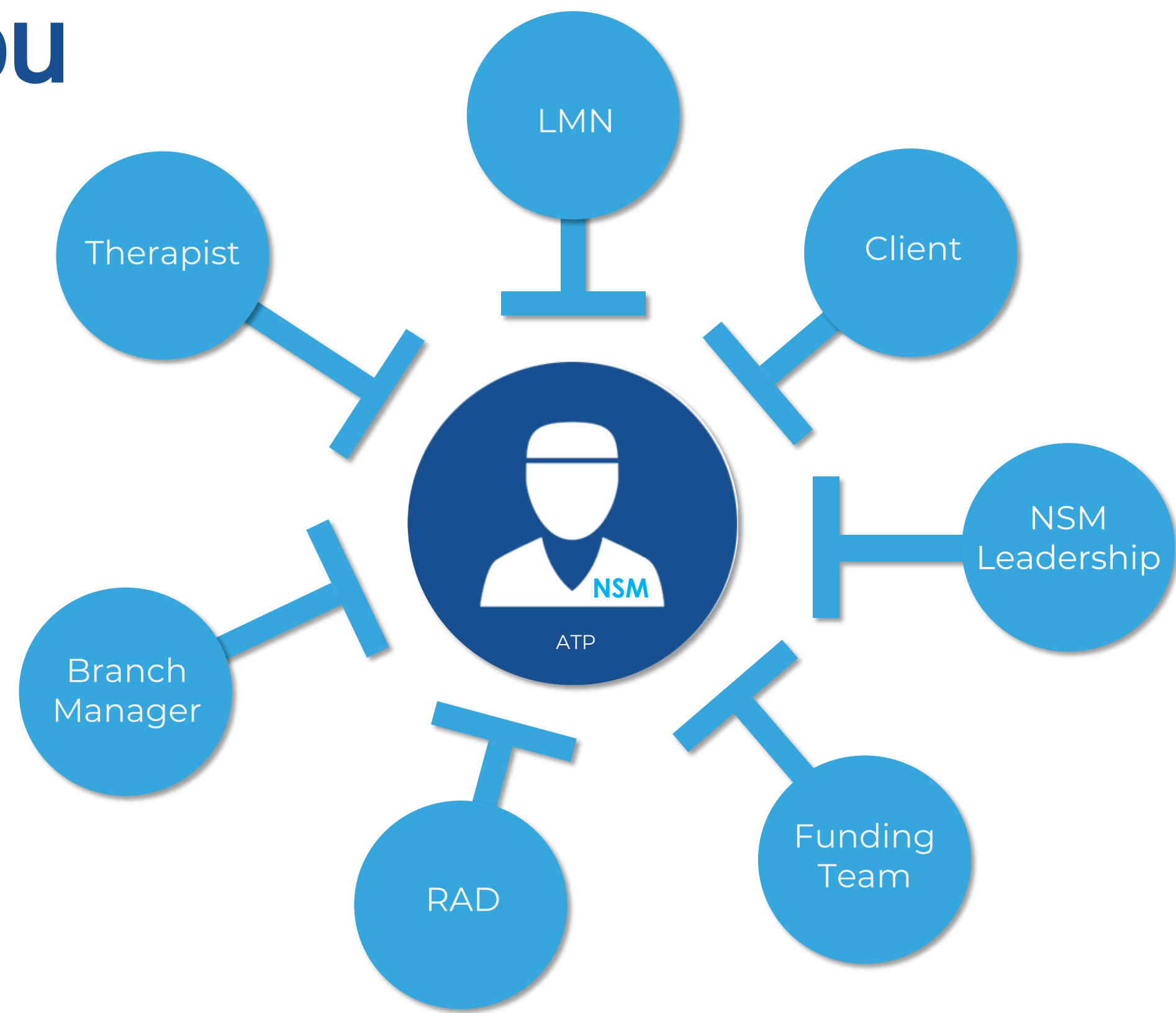


We See You



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We See You



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We Hear You

We'll lose this referral source

NSM is not pushing back enough

We never had to do this before

My therapists are tired of having to do multiple LMN's,

No other insurance company requires us to do this

NSM needs to challenge the insurance company

Submit as is

We'll lose this referral source

The LMN is solid

I can't take this eval back

My therapists are tired of having to do multiple LMN's, addendums

No other insurance compa

Submit as is

NSM is not pushing back enough

We'll lose this referral source

I can't take this eval back to the therapist

We never had to do this before

No other insurance company requires us to do this

I recommend equipment based on medical need and what is best for my client, not an insurance company's rules

The LMN is solid

NSM needs to challenge the insurance company

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We Hear You



*"I can't take this LMN
back to the therapist."
"We'll lose this referral
source."*

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Best Practice across the US

- Opportunity to provide education!
- Reach out to Market Development Team.
- Therapists want our support.
- Therapists are experiencing the same denial trends when submitting for therapy services.



We Hear You

*“No other insurance company
requires us to do this.”*
*“The other insurance companies
always approve this equipment.”*



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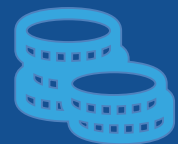
Denial Trends



Strict adherence to policy



Strict adherence to the Medicare Algorithm



Require Less Costly Alternative Statements



We Hear You

“NSM is not pushing back enough.”
“NSM needs to challenge the insurance company.”



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NSM Payer Relations Team

Payer Relations VP's

Alexis Ward
Diane Racicot
Tim Havel
Tonya Hammatt

Clinical Director – Jackie James, OT, ATP



We Hear You



*"We never had to do this
before."*

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Yesterday

WC Evaluation



LMN – *based on clinical
information about client*



Delivery



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Today

WC Evaluation



LMN – *based on clinical
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Delivery



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The Therapist

FACT

Therapists are smart, capable and generous with their time and expertise.

FACT

Therapists do not know how to consistently generate documentation that satisfies Medicare/Medicaid policy.

Why is that?



Four key aspects that have changed

HCPC Codes

Prior Authorization Criteria

Managed Care Organizations

Rehab Professionals and the MCO



The Revelation



Therapists are expected to
generate an LMN that
satisfies policy that **they**
don't have and **don't know**
how to access .



We Hear You



*"This is a seasoned therapist
and their LMNs are solid."*

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Missing Information

1

Clinical information in the LMN does not satisfy prior authorization criteria

2

Lack of client specific information

3

Less costly alternative not ruled out



1

Clinical Information in the LMN does not satisfy Prior Authorization Criteria

Group 3 Multi -Power Request

Medicare Coverage Criteria for Recline and Tilt

- The beneficiary is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; or
- The beneficiary utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed; or
- The power seat function is needed to manage increased tone or spasticity



2

Lack of client specific information Group 3 PWC Request

73 year -old Woman
Dx: Parkinson's
Disease

She is not able to safely or functionally use a Group 2 PWC because of:

- Dx that requires complex seating
- Dx that requires use of expandable electronics

67 year -old Woman
Dx: Hemiplegia -
Right CVA

She is not able to safely or functionally use a Group 2 PWC because of:

- Dx that requires complex seating
- Dx that requires use of expandable electronics
- Dx that requires anatomical accommodation

44 year -old Man
Dx: Multiple
Sclerosis

She is not able to safely or functionally use a Group 2 PWC because of:

- Dx that requires complex seating
- Dx that requires use of expandable electronics
- Dx that requires anatomical accommodation



3

Less Costly Alternatives not ruled out Group 3 PWC Request

73 year -old Woman
Dx: Parkinson's
Disease

Skin Protection /
Positioning Cushion:

- Cushion is required due inability to...
- Patient requires this cushion to accommodate pelvic/spinal deformities
- Positioning aspects required due to posterior/anterior pelvic tilt ...

67 year-old Woman
Dx: Hemiplegia -
Right CVA

Skin Protection /
Positioning Cushion:

- Cushion is required due inability to...
- Patient requires this cushion to accommodate pelvic/spinal deformities
- Positioning aspects required due to posterior/anterior pelvic tilt...

44 year-old Man
Dx: Multiple
Sclerosis

Skin Protection /
Positioning Cushion:

- Cushion is required due inability to...
- Patient requires this cushion to accommodate pelvic/spinal deformities
- Positioning aspects required due to posterior/anterior pelvic tilt...



The LMN cannot change the policy.

We Hear You



*“My therapists are tired of
having to do multiple LMN’s,
addendums.”*

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ATP to the rescue!



THE EVALUATION

*Support the therapist
during the evaluation*



THE LMN

*Your support will
result in better LMNs*

Be Proactive, Not Reactive



Tool #1 – POLICY Coverage Criteria



Give the therapist a copy of the Policy Coverage Criteria during the evaluation.



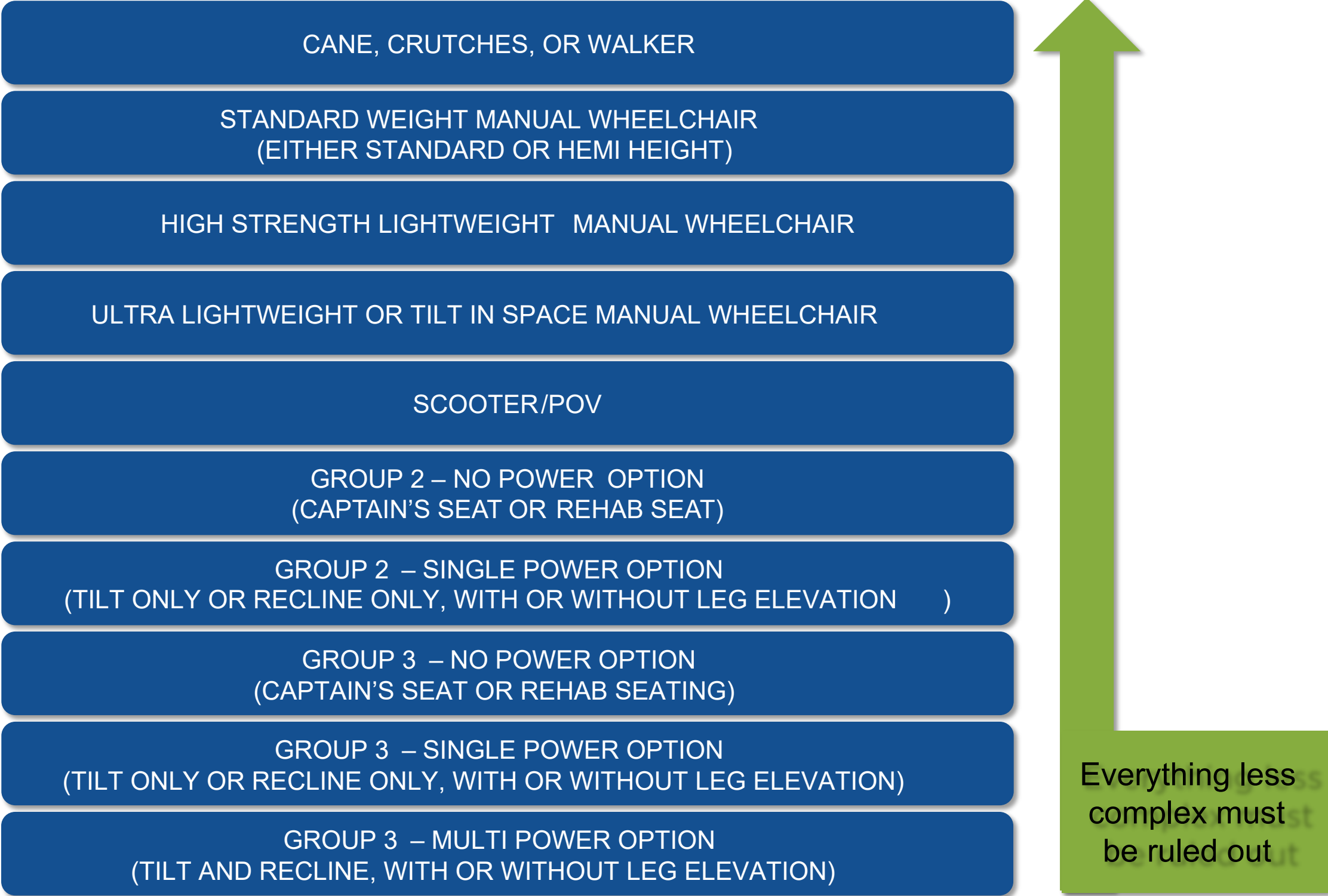
Use the Coverage Criteria during the evaluation to determine what your client qualifies for based on their policy.



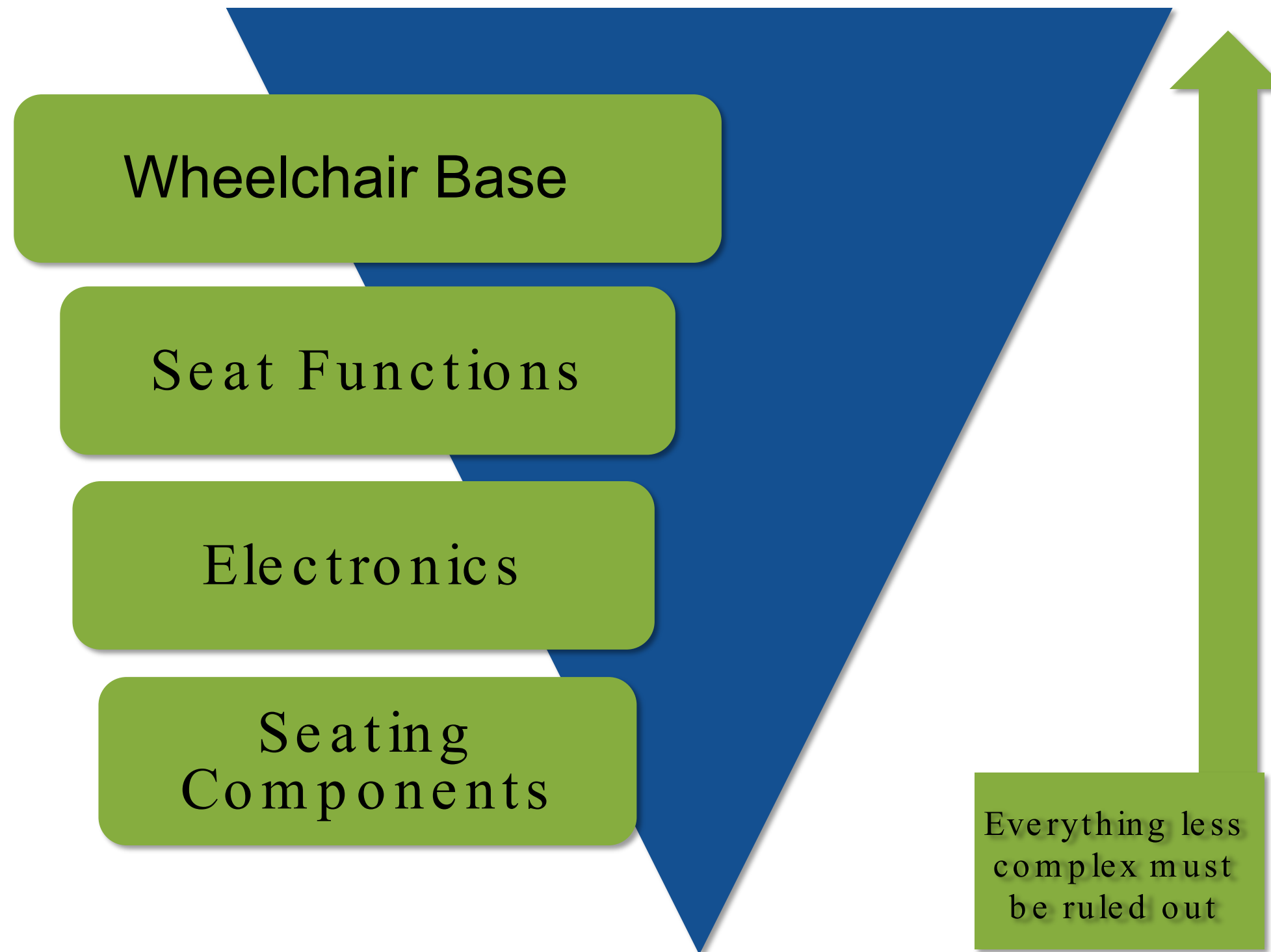
Set realistic expectations with your client.



Tool #2 – Rule out Less Costly Alternatives



Tool #2 – Rule out Less Costly Alternatives



Tool #3 – PEPL Protocol

PEPL Protocol



PROBLEM: What clinical problems does the client present that create a need for the requested equipment?

Example: Client is non-ambulatory and unable to stand for pressure relief. Client is unable to perform independent weight shifts for pressure relief due to UE weakness, decreased Active ROM and spasticity. Client has history of Stage 3 ischial pressure injury that required intervention at wound care clinic 3X/week for 8 weeks.



EQUIPMENT: What equipment or components are needed to address the client's current problems?

Example: Client requires tilt-in-space function on power wheelchair.



PREVENTION: What will the equipment prevent or ameliorate? How will this equipment make the client's condition better?

Example: Tilt-in-space is required for frequent positional changes to distribute pressure and to prevent or reduce the risk for recurrent skin breakdown.



LESS COSTLY ALTERNATIVE: Why won't the less costly alternative meet the client's needs?

Example: A skin protection positioning cushion alone will not meet the client's needs because they will be in the chair for 10-12 hours per day, are unable to independently shift weight for pressure relief and have a history of stage 3 pressure injury.



Recline Statement - Old Version vs New Version

Version #1 – Lacks critical information

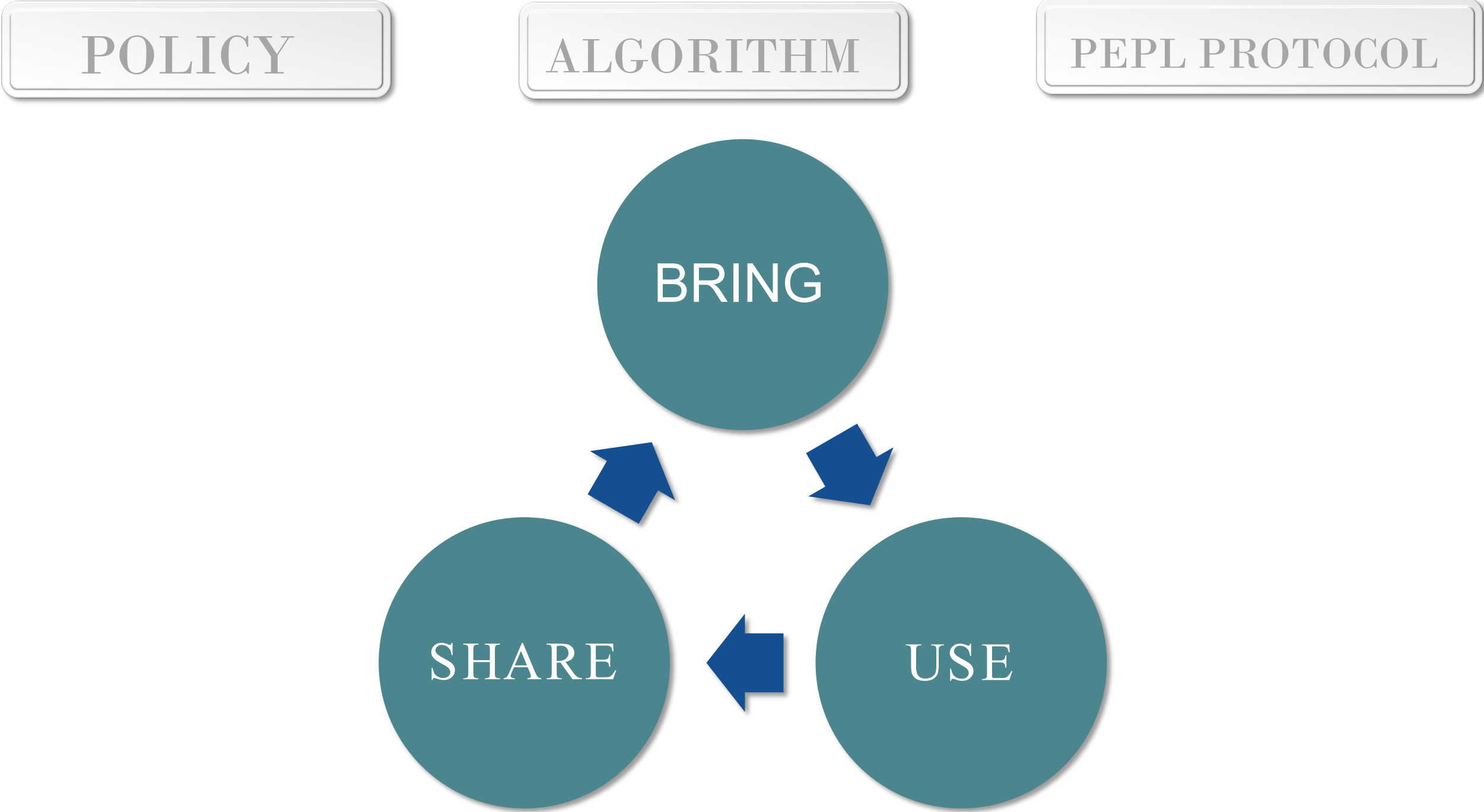
Client requires recline for pressure relief, improved sitting tolerance, pain management, independent repositioning, handheld urinal use and spasticity management.

Version #2 – PEPL Protocol included critical information

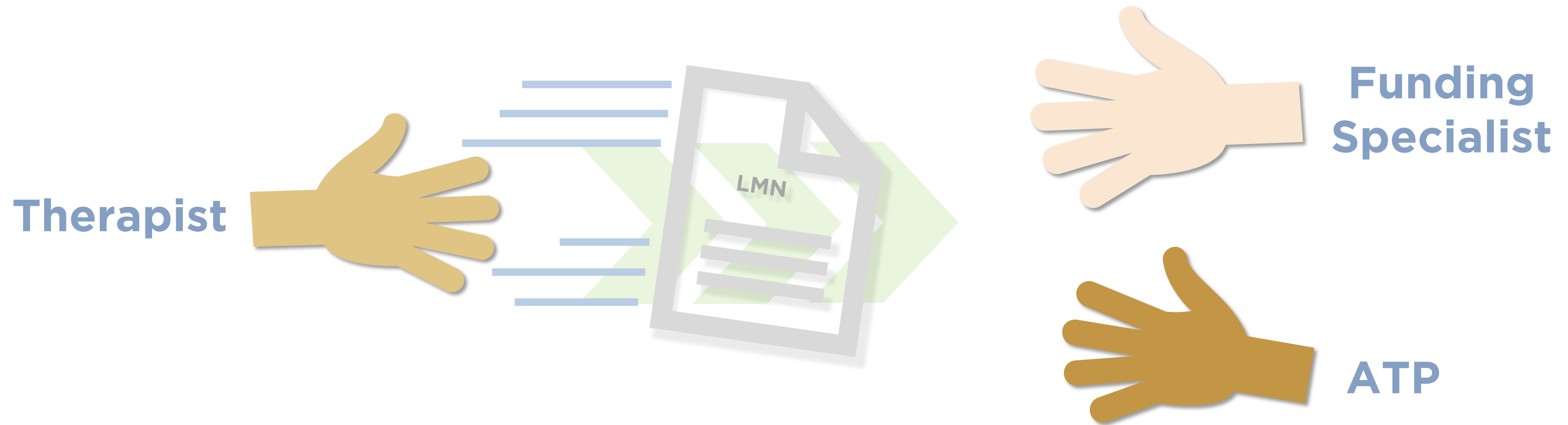
Client has spasticity with frequent and uncontrolled muscle spasms in low back and hamstring muscles that cause hips to shift forward. Client requires power recline to calm the spasm. Then he uses tilt in combination with recline to reposition pelvis back into a 90 -degree position. Tilt alone will not meet the client's needs because tilt does not open the seat to back angle and does not calm the spasm.



ATP Tools of the Trade



How LONG does it take to get an LMN?



Let's discuss trends we identified that might lead to a delay in receiving an LMN.

Funding - Escalation Policy

- High quality attempts to obtain documentation is critical and required.
 - If we can't obtain docs we need to escalate in line while involving the customer.
1. Faxing/Emailing – Do we have correct number? Confirm and document
 2. Call/Speak to someone in the office where we are emailing or faxing – Contact client via phone or email to let them know we are trying to obtain their documentation –
GET EMAILS from customers and then document
 3. ACTION NEEDED - Speak with office again, communicate with client, contact ATP and possibly therapist – then document
 4. Escalation to RAD/AM if no response from internal team – then document

https://wnsm.com/IntranetPortal/media/Sales/Policy_F-700_Funding_Attempt_Escalation_Policy_1.pdf

Are you meeting with your FS?

FS/RTS Communication – FS/RTS Report under special views

Maintenance

Special Views

Reports

Functions

Information

Scheduling

Margin Review

Cash Sales

109

On Hold

Cancelled

Delivered

Undelivered

Loaners

Credit Excptn's

LMN Tracking

LMN

Evaluated

Unsub Req's

accessNSM

Margin Queue

FS / RTS Report

API Logs

Order Type

Not Submitted > 45 days from RTP

RTS

Perkowski, Brian

FS

All

Repair/Non Repair

Non Repair

GO

☐ Excel

Work Order	Days	Patient	RTS	Physician	Therapist	Funding Specialist	Facility	Evaluation Date	RTP	Payer	Last Funding Note
	141		Perkowski	Michael Armento	Stephanie Derey	Courtney Evans	CP Middlesex Co.	08/28/2022	08/31/2022	1. Bcbs Of Nj - Carecentrix 2. Horizon Nj Health (Mcd)	01/16/2023
	105		Perkowski	RICHARD REUTTER	Lindsay Crago	Courtney Evans	Hawkswood	10/05/2022	10/06/2022	1. Bcbs Of Nj - Carecentrix	01/17/2023
	80		Perkowski	Ileana Bernal- Schnatter	Jessica Clark	Courtney Evans	Childrens Spec Ocean	10/22/2022	10/31/2022	1. Uhc National Commercial 2. Horizon Nj Health (Mcd)	01/17/2023
	72		Perkowski	Michael Armento	Stephanie Derey	Courtney Evans	CP Middlesex Co.	11/05/2022	11/08/2022	1. Horizon Nj Health (Mcd)	01/18/2023
	52		Perkowski		David Savage	Jeanine Radice	Childrens Spec-NB	11/20/2022	11/28/2022	1. Children's Specialized Hospital	01/19/2023
	49		Perkowski	Avery Katz	Stephanie Derey	Courtney Evans	CP Middlesex Co.	11/25/2022	12/01/2022	1. Noridian Healthcare Solutions Jur.A (Mcr) 2. Horizon Nj Health (Mcd)	01/18/2023

6 Work Orders

- 30 minute weekly meeting with FS and RTS
- Could be while RTS is driving but SOMEONE should be at the computer running the report above
 - Top 5 -10 stalled orders can be hit

Funding leader or GM can be present for these initial meetings if necessary

Key Takeaways

- Demonstrate an understanding of current equipment denial trends by listing 4 key aspects that have changed in the past 5+ years
- List three elements that are most often missing from the Letter of Medical Necessity (LMN) that contribute to equipment denials
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Thank you!

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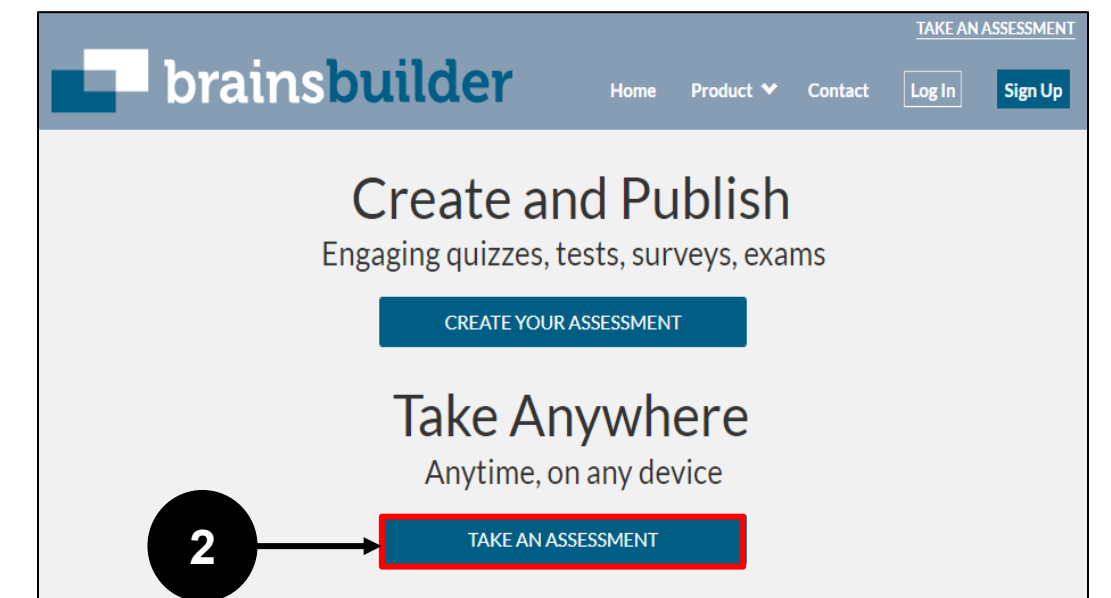


How to Obtain your CEU Certificate(s):

1. Login to BrainsBuilder at <https://www.brainsbuilder.com> or use the QR code shown here.
2. Click “Take an Assessment”
3. Enter the **Assessment ID** : **NSMTools**
4. Enter the **Login** code: **NSM2023**
5. Select “Start Assessment”
6. Enter your email address (*use the same email for each assessment*)
7. Enter your full name as you would like it to appear on your certificate (*use the same name/spelling/ abbreviation for each assessment*) and your license number.
8. Upon successful completion, your CEU certificate will be emailed to you immediately from noreply@brainsbuilder.com.

*Please contact Sandi Noelting at snoelting@nrts.org with questions about the accessing the quiz, course evaluation, or certificate.

1



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References

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Owens J, Davis DD. Seating And Wheelchair Evaluation. [Updated 2022 May 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK559231/>

RESNA Position on the Application of Tilt, Recine and Elevating Legrests for Wheelchair

Dicianno, B.E., Phillips, K., Lange, M.K., Cooper, R., Davis, K., Betz, K.L. (2015)
https://www.resna.org/Portals/0/Documents/Position%20Papers/RESNA%20PP%20on%20Tilt%20Recline_2017.pdf

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Medicare Coverage Database, Wheelchair Options/Accessories Local Coverage Determination L33792 (2020). Retrieved on 10/01/2022 from LCD-Wheelchair Options Accessories (L33792) (CMS.gov)

