Funding Update 2015
A Guide for Selection, Acquisition, and Delivery of Complex Rehab Technology
Beth Beach MS, OTR/L, ATP

Some Statistics
- 2010: 12 denials
- 2013: 24 denials
- 2014: 56 denials

Source: CHKD Wheelchair Clinic status sheet
What is Durable Medical Equipment (DME)?

Durable Medical Equipment must meet the following criteria (Medicare.gov 2014):
1. Is durable or long-lasting
2. Is used for a medical reason
3. Is not usually useful to someone who isn’t sick, injured or disabled
4. Is used in the home

What is complex rehab technology (CRT)?

“Complex Rehab Technology products and services include medically necessary, individually-configured manual and power wheelchair systems, adaptive seating systems, alternative positioning systems, and other mobility devices that require evaluation, fitting, configuration, adjustment or programming.” (NuMotion/NCART)

Who needs complex rehab technology?

“Primary diagnoses that can require Complex Rehab Technology include, but are not limited to, spinal cord injury, traumatic brain injury, cerebral palsy, muscular dystrophy, spina bifida, osteogenesis imperfecta, arthrogryposis, amyotrophic lateral sclerosis (ALS), multiple sclerosis, demyelinating diseases, myelopathy, progressive muscular atrophy, anterior horn cell diseases, post polio paralysis, cerebellar degeneration, dystonia, Huntington’s chorea, spinocerebellar disease, amputation, paralysis or paresis, or any other disability or disease that may require the use of such individually configured products and services.” (NuMotion/NCART)
General Funding Guidelines for CRT

- The client requires the equipment long-term
- The equipment will improve the client’s function (MRADLS) within the home
- Other less expensive/extension equipment has been considered but will not meet the client’s current and anticipated needs (i.e. progressive disease)

DME/CRT Funding Sources

- Medicare
- Commercial Health Insurance
- Medicaid and EPSDT
- Medicaid Managed Care Organizations (MCO)
- Alternate funding sources (i.e. charitable organizations and recycling/reuse programs)

Medicare

- Medicare is a major funding source for clients 65 years of age and older and a minor funding source for children
- Medicare has very detailed coverage criteria for each level of chair and each type of seating system.
- Higher level complex rehab technology coverage is diagnosis driven under Medicare.
Medicare Documentation

- Face to Face evaluation performed by physician
- 7 element prescription
- LAN/evaluation completed by a therapist and ATP for higher level pieces of equipment
- Chart notes from the physician

Medicare- Current Trends

- Medicare criteria for funding DME has found its way into commercial, Medicaid and managed care policies
- Medicare will cover DME for mobility within the home. School, even for young children, is not a consideration for DME coverage

Source: Medicare.gov

Commercial Health Insurance

- Each policy has different DME coverage both in amount covered and what types of equipment are covered
- Coverage criteria can change at any time
- Each policy has different paperwork requirements
- ALL policies have appeal options if a piece of equipment has been denied for medical necessity.
Current Trends - Commercial Insurance

- Many commercial policies are now following Medicare guidelines for DME, even for children
- Many commercial policies are now requiring a face to face physician evaluation and chart notes for all CRT requests
- Limitations on standers “experimental”, bath chairs “convenience to the caregiver”, back-up chairs

Current Trends - Commercial Insurance

- Many commercial policies will not cover a mobility device of any kind for a child if they are even somewhat ambulatory; no coverage for safety or distances or school
- Several commercial policies use a “middle man” to process claims for DME, which increases the timeline

Medicaid

- Coverage varies from state to state
- Medicaid is probably the largest funding source for children with disabilities
- EPSDT is a federally funded program available to all children who have Medicaid up to the age of 21
Current Trends- Medicaid

- Most states have waiver programs that do not look at family income as the only factor in receiving Medicaid
  [www.kidswaivers.org](http://www.kidswaivers.org)
- Managed Care Organizations (MCOs) are becoming more prevalent in the Medicaid system nationwide

Managed Care Organizations (MCOs)

- All state Medicaid plans now have at least one or more managed care organizations in place for Medicaid recipients
- MCOs help reduce expenses and improve coordination of care
- MCOs must offer the same services as fee for service Medicaid in their state, however

Source: Medicaid.gov/DMAS

MCOs can apply their own criteria to those services, even if it differs from that used from the state plan as they are fully at risk financially for their enrolled members and are responsible for managing the care of those members.

So let’s look at an example..........
The equipment must reduce the need for other reimbursable health care such as personal care, private duty nursing, rehabilitation services, and/or home health services.
MCOs- More Current Trends

- Some MCOs are starting to use Medicare criteria for reviewing claims for DME, even for children.
- In Virginia, we are finding a significant decrease in coverage for standers, bath equipment, specialty beds and adaptive strollers.

So now the good news..........

It is still possible to get the equipment your patients need!

And the not so good news..........

You just have to work harder at it

Stress Relief Slide
Role of the therapist

- Evaluate patient and document need for complex rehab technology in a letter of medical necessity
- Communicate with other team members: rehab technology specialist (RTS), physician, treating therapists, case managers, client and family

Role of the therapist facts

- 50% of orders in the Medicare Demonstration Project are denied.
- A majority of the denied prior authorizations relied on Physician chart notes and did not include a therapy evaluation.
- When the customer sees a therapist for a wheelchair evaluation, the approval rate jumps to around 90%.
- When there is a comprehensive therapy evaluation, the process moves faster and the customer is more likely to get their chair approved without needing repeat visits.

Source: NuMotion

Assistive Technology Professional (ATP)

Definition:
- a service provider who analyzes the needs of consumers with disabilities and assists in the selection of appropriate assistive technology for the consumer’s needs and provides training in the use of the selected device or devices.
- RESNA certifies ATPs on a national level
- ATPs can be physical, occupational, or speech therapist, rehab engineer or a rehab technician.

Source: www.resna.org
Role of the ATP/RTS

- ATP knows the equipment and can help guide the therapist and the patient/family to products that will meet their needs
- ATP knows the funding rules and can help distinguish what products and accessories meet funding guidelines
- ATP can help the therapist with justification portion of the LMN regarding comparing and contrasting products

Letter of Medical Necessity (LMN)

- Introduces the client- age, sex, diagnosis, past medical history
- Discusses what equipment the client has presently and what the problems are with the equipment
- Standard therapy evaluation including strength, range of motion, bed/floor mobility, sitting balance, head control, tone, etc.
- States the equipment recommended and WHY each component is necessary

Letter of Medical Necessity

- Clinician or the Clinic’s own form CHRD wheelchair template.docx
- LMN Builder www.lmnbuilder.com
- Manufacturer’s websites
General Step Method for Justifications

Walk? Assitive Device Manual Wheelchair

POV Power Wheelchair

Justifications

ULTRALIGHT WC

A is unable to walk and is unable to propel a standard, lightweight, or lightweight lightweight non-adjustable manual wheelchair due to upper extremity weakness, upper extremity range of motion limitations, poor endurance, and postural instability. These factors result in the need to ensure the use wheels forward and forward forward position required to provide X with a stable sitting position without having to use his/her arms for support. With this proper configuration, X is independent in propelling without external support, and is able to use his/her upper extremities for self-care and pressure relief.

LMN Strategies

• Diagnosis order
• Wording “adaptive mobility device vs. adaptive stroller”
• Defining ambulation in functional terms
• Research
• Repetition
• Photos
Appeals

- Important to be sure that you review the insurance’s coverage criteria for the equipment prior to filing an appeal.
- First appeal is usually written. Can be filed by the patient, family or representative of the family. Must have an authorized representative statement signed by the patient/family to file the appeal.
- If appeal is denied, the next step is usually a telephone hearing.
- Some insurances allow peer to peer reviews.

Alternate Funding Sources

- State Birth Injury Fund (children)
- Charities and Foundations - both local and national
- Alternative Funding Program (AFP) - low cost loan
- Service organizations such as Rotary Club
- Fundraising efforts - i.e. GoFundMe and manufacturer specific sites
Recycle-Reuse Programs

- Assistive technology can be expensive, often making affordability a problem for persons with limited incomes.
- Children often need a variety of devices to improve their development and insurance coverage is becoming more and more limited.
- Recycle-Reuse programs create an opportunity for those who need AT to obtain it at low cost or no cost. An added, “green” benefit is keeping usable equipment landfills.

Source: [http://at.mo.gov/recycle-reuse](http://at.mo.gov/recycle-reuse)

Where to find Recycle-Reuse Programs

- Pass It On Center [www.passitoncenter.org](http://www.passitoncenter.org)
- Diagnosis specific foundations such as United Cerebral Palsy, Easter Seals, Muscular Dystrophy Association

Recycle-Reuse Programs in Virginia


Children’s Assistive Technology Service (CATS) [http://atdevicesforkids.wix.com/cats](http://atdevicesforkids.wix.com/cats)
In Conclusion...........

- You now have more tools to help you keep up with ever-changing funding for assistive technology
- You now have more information on how to write a good letter of medical necessity for funding adaptive equipment
- You know your appeal options if equipment is denied
- You have some resources for alternate funding and recycle-reuse programs for obtaining equipment if denied or not covered by insurance

QUESTIONS????

Sources
- Medicare.gov
- Medicaid.gov
- www.ottobockus.com
- Sentara Health Plan Medical Policy DME 28
- Anthem.com
- DMAS.Virginia.gov
- CHKD Wheelchair Clinic status sheet and forms
- NCART
- www.numotion.com
Contact Information
Beth Beach MS, OTR/L, ATP
Coordinator, Adaptive Seating Clinic
Children's Hospital of the King's Daughters
Norfolk, Virginia
757-668-9685 Beth.Beach@chkd.org