

Collaboration is key!

- · With the doctor
 - Information submitted by the supplier must corroborate the documentation in the beneficiary's medical documentation
 - CMN's, supplier prepared statements, and physician attestations by themselves do NOT provide sufficient documentation of medical necessity, even if signed by the doctor

PIM Chap. 3 Sec. 3.3.2.1





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- · With the doctor
 - When restoration of function is cited as a reason for use of DMEPOS, the exact nature of the deformity or medical problem should be clear from the medical evidence submitted.

PIM Chap. 5 Sec. 5.9







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- · With the doctor
 - Requiring prior authorization requires that the primary care provider and the supplier collaborate more frequently
 - Improper payments made because the practitioner (doctor) did not evaluate the patient would likely be reduced by the requirement that a supplier submit documentation as part of the prior auth request

Federal Register, Vol. 80, No. 250, Prior Authorization rule





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Doctors Notes

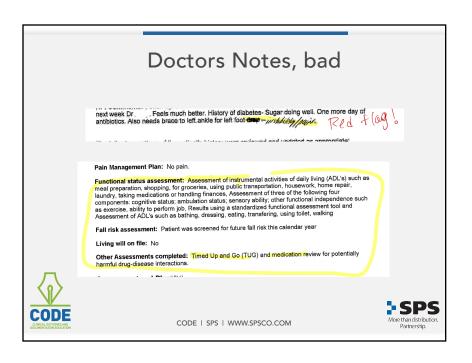
- Keep it simple
 - The nature of the deformity or medical problem
 - The manner in which the device will restore or improve bodily function







Doctors Notes, bad 07/17/2013 DOS: HISTORY OF PRESENT ILLNESS. This is a follow up for regarding his left above, knee amoutation, since his last visit he has gotten his prosthetic and he is doing very well. He is able ambulate in office to ambulate in the office today with the use of a cane. He actually does better with this than he does with the walker. It does appear as though he is able to do stairs. He is doing these at home and certainly I think he can easily do a ramp in that regard. PLAN: We have previously had him evaluated at a K-3 level; however, I do think at this point "previously....a Kthat he can certainly function as a K-4 ambulator. He would like to get back to some of his preamputation activities and I think it is certainly reasonable for him to do so. We have written 3...can certainly him a prescription for a cane today given that he seems to do much better with this than he him a prescription for a case today given that he seems to do much detter with this sharine does with the walker. We will see him back in two months' time for repeat clinical examination, 10/17/2013 DOS: HISTORY OF PRESENT ILLNESS: _____ presents today for repeat examination of his left above knee amputation. His biggest concern is that now he is having some issues with blood flow on the right. He has recently had a stent placed here. He has quit smoking. He is doing the vapor cigarette, but he is still using nicotine with it and we have discussed this with him at length that "...having some it is the nicotine that is the bulk of the problem and he really needs to limit his intake of that. minor issues...due PHYSICAL EXAMINATION: At this point he is having some minor issues with the left leg mostly to deconditioning" due to deconditioning because he has been sort of out of workout ability due to the right lower extremity. He is going to get in to see to work on his prosthetic socket to see if there needs to be a modification made here because it sounds like he is losing some volume and pistoning within it as well. keen an eve



Doctors notes, good

- Nature of the deformity
 - She needs a custom molded AFO with articulating ankle joints and a posterior stop to control her ankle medially/laterally and control her genu recurvatum.
 - The patient's neurological condition is permanent and she will need the AFO indefinitely for use with gait training and functional OT type activities.
- · Manner in which the AFO will restore function
 - The patient is ambulatory and has attempted use of a prefabricated AFO which was ill fitting and did not function properly for her during gait training with the PT.
 - Without the use of an AFO the patient is a fall risk and would potentially have a decline in her gait status.

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P&O Notes

More than distribution.
Partnership.

P&O Notes

- LCD for Lower Limb Prosthetics states
 - "Coverage is extended only if there is sufficient clinical documentation of functional need for the technologic or design feature of a given foot [or knee]."







Template language is lonely by itself

- Not patient specific
 - The patient will benefit from a custom AFO that would improve gait deviations by improving alignment of the foot and ankle making her gait safer.
- · Patient specific
 - Patient will benefit functionally by being able to balance better while she participates in daily activities at the nursing home where she is a long term resident. She stands to do art projects and play board games. The custom AFO will help her stability for getting dressed, standing, and ambulating to the bathroom for hygiene, also.
 - If she doesn't continue to maintain her functional mobility she will have a drop off in overall health



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More than distribution.
Partnership.

Template language is lonely by itself

- Not patient specific
 - The "amazing knee" allows users up to 17 degrees of stance flexion to promote shock absorption and decrease the ground reaction force at loading.
- Patient specific
 - Mr. Super has gone through multiple surgeries and suffered multiple traumas during the motorcycle accident that resulted in amputation of his leg. His sound side, proximal joints, and lower back have been affected. Anything to reduce the impact and shock to his body will aid in his ability to independently complete his ADL's and reduce the impact of overuse syndrome over the years to come.

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Template language is lonely by itself

- Not patient specific
 - The "amazing knee" has "QRF" auto-adapt features that adjust resistance during flexion and extension.
 This allows users to change speed of ambulation safely without an increase in muscular and cognitive control.
- Patient specific
 - Mr. Super has returned to volunteer work at a skating rink for community involvement, physical and mental health. He will be assisting patrons on the skate rink and will require the ability to increase speed of walking as needed and safely.





Improvement Area 3

Patient Engagement



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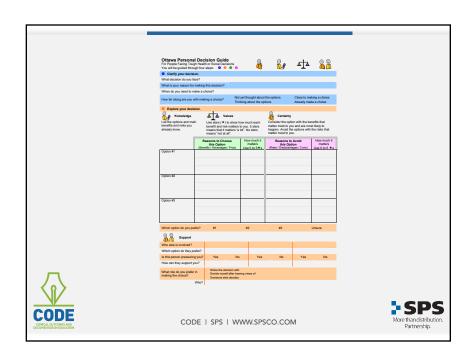
Patient Engagement

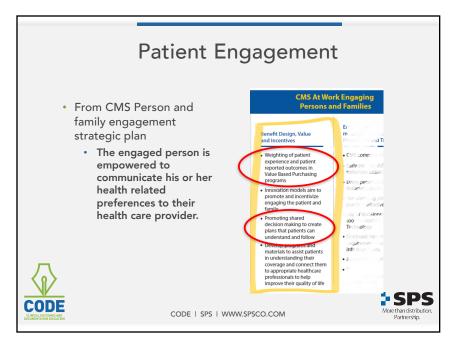
- [CMS] recognizes that partnering with persons and families is a critical factor in achieving improvements in the quality and safety of care.
- In addition to improving the individuals experience, advancement of person centered care models could improve quality of care and health outcomes, engage people more actively in their health care and reduce costs and disparities in care
- This approach demands that providers and individuals share power and responsibility in goal setting, decision making and care management. It also requires giving people access to ...decision support tools...to manage their health and wellness



CMS Person and family engagement strategy 11/22/16







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- Formal shared decision making tools are intended to help increase patient engagement in medical decisions
- Research shows that patients using decision support tools tend to have more realistic expectations of treatment outcomes
- Research suggests that in the event of a lawsuit, the documented use of patient decision aids may help strengthen a jury's belief that an appropriate standard of care was met

AMA article "Getting the most for our healthcare dollars; shared decision making" www.ama-assn.org/go/healthcarecosts



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Three Improvement Areas

- Doctors Notes
 - · Engage doctors with simple requirements
 - · Read the notes, ensure agreement
- P&O Notes
 - · Address the requirements of the LCD/Policy Article
 - Patient specific
- Patient Engagement
 - Educate patients to be their own advocates with doctors





Where to find reference papers

- https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html
- https://decisionaid.ohri.ca/decguide.html
- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/Pers on-and-Family-Engagement-Strategic-Plan-12-12-16.pdf



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