Documentation

Preserver

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Learning Objectives

- Recognize what third party payers are looking for when reviewing mobility claims
- Identify the necessary language for a comprehensive evaluation for the purpose of third party reimbursement
- List key components of a successful wheelchair assessment to ensure your patient receives the medically necessary product in a timely manner

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What is your responsibility as a Healthcare Profession?

A. Provide essential services that promote health, prevent diseases and deliver **health** care services to individuals, families and communities
B. Improve **access** and quality health care for the population
C. Write documentation for third party funding sources
D. All of the above

The answer is D. Yes D.

You were educated on how to be a clinician (OT, PT, nurse, physician, etc.), however, you were not educated (or not given much education) on how to write documentation for third party payers in order for your patients to receive the medical equipment required. Yet this takes up more time than you are able to give to it.

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What's the Goal….

- Rehabilitate patients to not require medical equipment
- Select the most appropriate Mobility Assistive Equipment (M the patient's needs
- **Provide documentation for third party payers** in order for patient's to receive medically necessary equipment in a timely manner with the least amount of financial liability as possible
- Be **EFFICIENT**/effective in providing the required documentation
  - For your productivity
  - For timely delivery of necessary product (provider CAN'T deliver unless it is RIGHT)
  - Patient isn't held financially liable OR are not able to retain the medically necessary equipment
  - Provider could receive payment for their services to be able to continue servicing patients in the future

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Definition of EFFICIENT

•: capable of producing **desired results without wasting** materials**, time**, or energy an *efficient* worker

adverb
•learning to work more *efficiently*

Definition of INEFFICIENT

1.: not efficient: as
***a* : not producing the effect intended or desired**
***b* : wasteful of time** or energy <*inefficient* operating procedures>
***c* :** INCAPABLE, INCOMPETENT
<an *inefficient* worker>

Definition of REDO

•: to do (something) again **especially in order to do it better**
•: **to change (*or amend something, such as wheelchair evaluation/chart note*) so that it looks new or different**

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Efficient vs. Inefficient

- You are **not incompetent or incapable** of assessing your patient's needs (you know how to perform a thorough evaluation per your specialty (PT/OT))
- You want to produce the **intended outcome (coverage for qualified patients)**
- You don't want to **waste time**
- So what is the **DISCONNECT**
- **It's the clarity of the written medical policy as to what is expected**
- Let's clarify what payers want so you can preserve the **LIFE** you chose as a clinician

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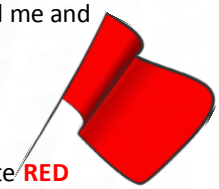
Common Scenario

- The DME provider obtains the documentation for a mobility device (physician chart note and the therapist evaluation) but something is missing?
- The provider contacts the physician / therapist and explains that the documentation provided does not justify the need for the items ordered.
- The physician / therapist says, "What do you need, please tell me and I'll write and Addendum."
- This is **WORST CASE SCENARIO**!
- Medicare and other payer do NOT like addendums (immediate **RED FLAG**)
- AND it's **INEFFICIENT TO REDO WORK**



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Addendum / Amendment

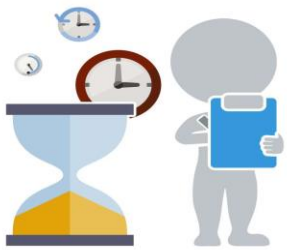
How to best handle an addendum/amendment?

AVOID them if possible!

- Understand what is required by each payer (keep it consistent if possible)
- Cheat sheets (condensed guides)
- Invest time in **Live training** (1-2 hours is ideal)

It is better for everyone if it is done correct the first time!

- ✓ Patient – Timely Delivery
- ✓ Clinicians – More Efficient
- ✓ Get YOUR LIFE Back
- ✓ Provider – Payment for Product and Services



Least Costly Alternative – Authorize the least costly medically appropriate alternative to the item being ordered. In other words all items that cost less must be tried and failed OR considered and ruled out.

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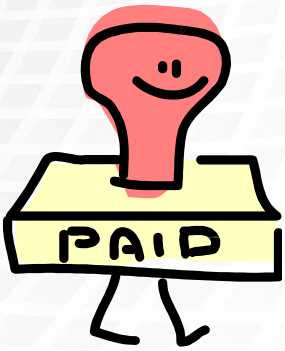
Medical Necessity

- ✓ Unsafe or unreasonable and why
- ✓ The WHY is CRITICAL
- ✓ All least costly alternatives either **tried and failed** (and why) or **considered and ruled out** (and why)



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Medical Necessity

- Diagnosis (physician)
- Symptoms affecting mobility (physician)
- MRADLs that are being affected by the mobility limitation (physician)
- Ambulatory status (physician)

- Why a cane/walker can't resolve the mobility limitation with objective measurements (physician or LCMP (PT/OT))
- Why a manual wheelchair can't resolve the mobility limitation with objective measurements (physician or LCMP (PT/OT))
- If providing a power wheelchair then why a scooter can't resolve the mobility limitation with objective measurements (physician or LCMP (PT/OT))

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9 Step MAE Algorithm

Step 1

Does the beneficiary have a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living in the home?

A mobility limitation is one that:

a. Prevents the beneficiary from accomplishing the mobility-related activities of daily living entirely, or

b. Places the beneficiary at reasonably determined **heightened risk of morbidity or mortality** secondary to the attempts to participate in mobility-related activities of daily living, or

c. Prevents the beneficiary from completing the mobility-related activities of daily living within a **reasonable time frame**.

YES GO

NO

Patient DOES NOT Qualify for MAE

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9 Step MAE Algorithm

Step 2

Are there other conditions that limit the beneficiary's ability to participate in MRADLs at home?

Some examples are significant impairment of cognition or judgment and/or vision.

For these beneficiaries, the provision of MAE might not enable them to participate in MRADLs if the comorbidity prevents effective use of the wheelchair or reasonable completion of the tasks even with MAE.

NO → GO

YES → GO Caution → Answer Step 3

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9 Step MAE Algorithm

Step 3

If these other limitations exist, can they be ameliorated or compensated sufficiently such that the additional provision of MAE will be reasonably expected to significantly improve the beneficiary's ability to perform or obtain assistance to participate in MRADLs in the home?

YES → GO

NO → STOP → Patient DOES NOT Qualify for MAE

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9 Step MAE Algorithm

Step 4

Does the beneficiary or caregiver demonstrate the capability and the willingness to consistently operate the MAE safely?

Safety considerations include personal risk to the beneficiary as well as risk to others. The determination of safety may need to occur several times during the process as the consideration focuses on a specific device.

A history of unsafe behavior in other venues may be considered.

YES

GO

NO

Patient DOES NOT Qualify for MAE

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9 Step MAE Algorithm

Step 5

Can the functional mobility deficit be sufficiently resolved by the prescription of a cane or walker? (IN THE HOME)

The cane or walker should be appropriately fitted to the beneficiary for this evaluation.

*Assess the beneficiary's ability to **safely** use a cane or walker.*

NO

GO

YES

Patient May Qualify for Cane / Walker

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9 Step MAE Algorithm

Step 6

Does the beneficiary's typical environment support the use of wheelchairs including scooters/power-operated vehicles (POVs)?

Determine whether the beneficiary's environment will support the use of these types of MAE. (DME Supplier)

Keep in mind such factors as physical layout, surfaces, and obstacles, which may render MAE unusable in the beneficiary's home. (DME Supplier)

YES
GO

NO

Patient DOES NOT Qualify for MAE

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9 Step MAE Algorithm

Step 7

Does the beneficiary have sufficient upper extremity **function** to propel a manual wheelchair **in the home** to participate in MRADLs during a typical day? The manual wheelchair should be optimally configured (seating options, wheelbase, device weight, and other appropriate accessories) for this determination.

Limitations of strength, endurance, range of motion, coordination, and absence or deformity in one or both upper extremities are relevant.

*Assess the beneficiary's ability to **safely** use a manual wheelchair.*

***NOTE:** If the beneficiary is unable to self-propel a manual wheelchair, and if there is a caregiver who is available, willing, and able to provide assistance, a manual wheelchair may be appropriate.*

YES - Patient May Qualify for a Manual Chair

Continue to Step 7

NO

SKIP to Step 8

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Manual Wheelchair Selection

Step 7

Standard Manual wheelchair **(K0001)**

A **standard hemi-wheelchair (K0002)** is covered when the beneficiary requires a lower seat height (17" to 18") because of short stature or to enable the beneficiary to place his/her feet on the ground for propulsion.

A **lightweight wheelchair (K0003)** is covered when a beneficiary meets both criteria:
Cannot self-propel in a standard wheelchair in the home; and
The beneficiary can and does self-propel in a lightweight wheelchair.

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Manual Wheelchair Selection

Step 7

A **high strength lightweight wheelchair (K0004)** is covered when a beneficiary meets the criteria in (1) or (2): The beneficiary self-propels the wheelchair while engaging in frequent activities in the home that cannot be performed in a standard or lightweight wheelchair.

The beneficiary requires a seat **width, depth, or height** that cannot be accommodated in a standard, lightweight or hemi-wheelchair, and spends at least **two hours per day** in the wheelchair.

A high strength lightweight wheelchair is rarely reasonable and necessary if the expected duration of need is less than three months (e.g., post-operative recovery).

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Manual Wheelchair Selection

Step 7

An **ultra lightweight manual wheelchair (K0005)** is covered for a beneficiary if criteria (1) or (2) is met and (3) & (4) are met:

1. The beneficiary must be a full-time manual wheelchair user.

2. The beneficiary must require individualized fitting and adjustments for one or more features such as, but not limited to, **axle configuration**, wheel camber, or seat and back angles, and **which cannot be accommodated by a K0001 through K0004 manual wheelchair**.

3. The beneficiary must have a specialty evaluation that was performed by a licensed/certified medical professional (LCMP), such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features (see Documentation Requirements section). The LCMP may have no financial relationship with the supplier.

4. The wheelchair is provided by a Rehabilitative Technology Supplier (RTS) that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the patient.

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Manual Wheelchair Selection

Step 7

A **manual wheelchair with tilt in space (E1161)** will be covered if the beneficiary meets the general coverage criteria for a manual wheelchair, and if criteria (1) and (2) are met :

1 . The beneficiary must have a specialty evaluation that was performed by a licensed/certified medical professional (LCMP), such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features (see Documentation Requirements section). The LCMP may have no financial relationship with the supplier.

2. The wheelchair is provided by a Rehabilitative Technology Supplier (RTS) that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the patient.

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9 Step MAE Algorithm

Step 8

Does the beneficiary have sufficient strength and postural stability to operate a POV/scooter?

A POV is a 3- or 4-wheeled device with tiller steering and limited seat modification capabilities. The beneficiary must be able to maintain stability and position for adequate operation.

The beneficiary's home should provide adequate access, maneuvering space and surfaces for the operation of a POV.

*Assess the beneficiary's ability to **safely** use a POV/scooter.*

NO

SKIP to Step 9

YES - Patient May Qualify for a Scooter

Continue with Step 8

Scooter/POV Selection

Step 8

A POV (K0800-K0802) is covered if all of the basic coverage criteria have been met.

The patient is able to:

- Safely transfer to and from a POV, and
- Operate the tiller steering system, and
- Maintain postural stability and position while operating the POV in the home.
- The patient's mental capabilities (e.g., cognition, judgment) and physical capabilities (e.g., vision) are sufficient for safe mobility using a POV in the home.
- The patient's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the POV that is provided.
- The patient's weight is less than or equal to the weight capacity of the POV that is provided and greater than or equal to 95% of the weight capacity of the next lower weight class POV – i.e., a Heavy Duty POV is covered for a patient weighing 285 – 450 pounds; a Very Heavy Duty POV is covered for a patient weighing 428 – 600 pounds.
- Use of a POV will significantly improve the patient's ability to participate in MRADLs and the patient will use it in the home.
- The patient has not expressed an unwillingness to use a POV in the home.

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STOP

9 Step MAE Algorithm

Step 9

Are the additional features provided by a power wheelchair needed to allow the beneficiary to participate in one or more MRADLs?

The pertinent features of a power wheelchair compared to a POV are typically control by a joystick or alternative input device, lower seat height for slide transfers, and the ability to accommodate a variety of seating needs.

***NOTE:** If the beneficiary is unable to use a power wheelchair, and if there is a caregiver who is available, willing, and able to provide assistance, a manual wheelchair is appropriate. A caregiver's inability to operate a manual wheelchair can be considered in covering a power wheelchair so that the caregiver can assist the beneficiary.*

NO

Patient DOES NOT Qualify for Power Chair

YES Proceed to Determine Appropriate Power Chair

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Solid Seats Base Criteria - Manual Chairs

- If the coverage criteria for a **manual chair** has been met a general use cushion **(E2601 / E2602**) and back **(E2611 / E2612)** are also covered.
- General use cushions and backs **ARE NOT** diagnosis driven

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Solid Seats Base Criteria – Power Chairs

- For patients who do not have special skin protection or positioning needs, a power wheelchair with Captain's Chair provides appropriate support.
- Therefore, if a general use cushion is provided with a power wheelchair with a sling/solid seat/back instead of Captain's Chair, the wheelchair and the cushion(s) will be covered only if either criterion 1 or criterion 2 is met:

1. The cushion is provided with a covered power wheelchair base that is not available in a Captain's Chair model – i.e., codes K0839, K0840, K0843, K0860 – K0864, K0870, K0871, K0879, K0880, K0886, K0890, K0891; or

2. A skin protection and/or positioning seat or back cushion **(Diagnosis Driven)** that meets coverage criteria is provided.

If one of these criteria is not met, **both the power wheelchair with a sling/solid seat and the general use cushion AND the solid seat base will be denied as not reasonable and necessary**.

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Coverage Criteria – Cushions and Backs

A **skin protection seat cushion** (E2603, E2604, E2622, E2623) is covered for a beneficiary who meets both of the following criteria:

The beneficiary has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the beneficiary meets Medicare coverage criteria for it; and 2. The beneficiary has either of the following:

a. **Current pressure ulcer or past history of a pressure ulcer** (see diagnosis codes that support medical necessity section below) on the area of contact with the seating surface; or

b. Absent or impaired sensation in the area of contact with the seating surface or **inability to carry out a functional weight shift due to one of the following diagn**oses:

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Coverage Criteria – Cushions and Backs

Qualifying Diagnosis for Skin Protection Cushion

- Spinal cord injury resulting in quadriplegia or paraplegia
- Other spinal cord disease
- Multiple sclerosis
- Other demyelinating disease
- Cerebral palsy
- Anterior horn cell diseases including amyotrophic lateral sclerosis
- Post polio paralysis
- Traumatic brain injury resulting in quadriplegia
- Spina bifida
- Childhood cerebral degeneration
- Alzheimer's disease

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Coverage Criteria – Cushions and Backs

Qualifying Diagnosis for Skin Protection Cushion

- Parkinson's disease
- Muscular dystrophy
- Hemiplegia
- Huntington's chorea
- Idiopathic torsion dystonia, athetoid cerebral palsy, arthrogryposis, osteogenesis imperfecta, spinocerebellar disease or transverse **myelitis**

- **See diagnosis codes that support medical necessity** in Wheelchair Seating LCD

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Coverage Criteria – Cushions and Backs

A positioning seat cushion (E2605, E2606), positioning back cushion (E2613-E2616, E2620, E2621), and positioning accessory (E0953, E0955-E0957, E0960) are covered for a beneficiary who meets **both** of the following criteria:

1. The beneficiary has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the beneficiary meets Medicare coverage criteria for it**; and**
2. The beneficiary has any **significant postural asymmetries** that are due to one of the following (a or b):

    a. A diagnosis code listed in Group 2; **or**
    b. A diagnosis code listed in Group 3.

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Coverage Criteria – Cushions and Backs

A **custom fabricated seat cushion (E2609)** is covered if criteria (1) and (3) are met. **A custom fabricated back cushion (E2617)** is covered if criteria (2) and (3) are met:

1. Beneficiary meets all of the criteria for a prefabricated skin protection seat cushion or positioning seat cushion;
2. Beneficiary meets all of the criteria for a prefabricated positioning back cushion;
3. **There is a comprehensive written evaluation by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), which clearly explains why a prefabricated seating system is not sufficient to meet the beneficiary's seating and positioning needs. The PT or OT may have no financial relationship with the supplier.**

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Repair/Replacement – Warranty and RUL

For Medicare, payment can be made for replacement of DME that is lost, stolen, irreparably damaged, or has been in continuous use for the equipment's reasonable useful lifetime (RUL).

In general, the RUL for DME is established as **five years** (42 CFR 414.210(f)). Computation of the RUL is based on when the equipment is delivered to the beneficiary, not the age of the equipment.

The RUL is used to determine how often it is reasonable to pay for the replacement of DME under the Medicare program and is not explicitly set forth as a minimum lifetime standard.

PDAC Requirements - Cushions and Backs

It has a warranty that provides for repair or full replacement if manufacturing defects are identified or the surface does not remain intact due to normal wear within 12 months for general use and 18 months skin protection and or positioning.

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Coverage Criteria – Power Positioning (tilt, recline, tilt and recline)

A power seating system – tilt only (E1002), recline only (E1005), or combination tilt and recline (E1007) –

- 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 bed; or
- The power seating system is needed to manage increased tone or spasticity.
- Must have a reason for each (Tilt / Recline)
- A headrest **(E0955)** is also covered when the beneficiary has a covered manual tilt-in-space, manual semi or fully reclining back on a manual wheelchair, a manual fully reclining back on a power wheelchair, or power tilt and/or recline power seating system.

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Coverage Criteria - Electronics

An expandable controller (E2377) is capable of accommodating one or more of the following additional functions:

- Other types of proportional input devices (e.g., mini-proportional or compact joysticks, touchpads, chin control, head control, etc.)
- Non-proportional input devices (e.g., sip and puff, head array, etc.)
- Operate 3 or more powered seating actuators through the drive control. (Note: Control of the power seating actuators though the Control Input Device would require the use of an additional component, E2310 or E2311

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Coverage Criteria - Electronics

Codes E2310 and E2311 describe the electronic components that allow the beneficiary to control two or more of the following motors from a single interface (e.g., proportional joystick, touchpad, or non proportional interface):

Power wheelchair drive, power tilt, power recline, power shear reduction, power leg elevation, power seat elevation, power standing (NOT COVERED). It includes a function selection switch which allows the beneficiary to select the motor that is being controlled and an indicator feature to visually show which function has been selected.

A harness (E2313) describes all of the wires, fuse boxes, fuses, circuits, switches, etc. that are required for the operation of an expandable controller.

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Coverage Criteria - Electronics

When **ONE** power seating function/actuator/motor is provided on a power wheelchair:

One unit of E2310 (electronic connection between wheelchair controller and one power seating system motor) is allowed.

- An expandable controller (E2377) and harness (E2313) are **not allowed** in this situation unless a specialty interface is used
- Example: E1002 (power seating system, tilt only) is added to a power wheelchair. A power tilt system uses one power seating motor/actuator.

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Coverage Criteria - Electronics

When **TWO** power seating functions/actuators/motors are provided:

- One unit of **E2311** (electronic connection between wheelchair controller and two or more power seating system motors) is allowed
- An expandable controller (E2377) and harness (E2313) are **not allowed** in this situation unless a specialty interface is used.
- Example: E1007 (Wheelchair accessory, power seating system, combination tilt and recline) is added to a power wheelchair. The tilt and the recline functions each have one actuator or power seating system motor, for a total of two.

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Coverage Criteria - Electronics

- When **THREE** or more power seating functions/actuators/motors are provided:
- One unit of **E2311** (electronic connection between wheelchair controller and two or more power seating system motors), one unit of **E2377** (expandable controller), and one unit of **E2313** (harness for upgrade to expandable controller) are allowed
- Example: E1007 (Wheelchair accessory, power seating system, combination tilt and recline) is added to a power wheelchair with power articulating foot platform. The tilt, recline, and power shear reduction features each have one actuator or power seating system motor, for a total of **three**.

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Coverage Criteria – Leg Rests

Elevating legrests (E0990, K0046, K0047, K0053, K0195) are covered if:

- The beneficiary has a musculoskeletal condition or the presence of a cast or brace which prevents 90 degree flexion at the knee; or
- The beneficiary has significant edema of the lower extremities that requires an elevating legrest; or
- The beneficiary meets the criteria for and has a reclining back on the wheelchair

Power ELRs (E1010) / Articulating Foot Platform (E1012) are covered if:

- One or more of the above requirements are met **AND**
- The patient can't independently elevate the leg rests
- Patient qualifies for a power recline

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Coverage Criteria – Arm Rests

E0973 – Detachable height adjustable arms
K0020 – Fixed height adjustable arms

- They both are height adjustable but E0973 are also listed as detachable so you must have medical necessity for the height adjustable feature (proper positioning) **AND** for the detachable feature (common reason is to move out of the way for transfers).
- Detachable according to the **PDAC from Nov 2012** is easily removable by the patient or caregiver without the use of tools.
- One of the most common acceptable reasons listed for detachable arms is move out of the way for transfers.

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Coverage Criteria – Other Common Accessories

- Up to two batteries **(E2361, E2363, E2365, E2371, K0733)** at any one time are allowed if required for a power wheelchair
- A safety belt/pelvic strap **(E0978)** is covered if the beneficiary has weak upper body muscles, upper body instability or muscle spasticity which requires use of this item for proper positioning
- Swingaway, retractable, or removable hardware **(E1028)** is non covered if the primary indication for its use is to allow the beneficiary to move close to desks or other surfaces.
- An attendant control **(E2331)** is covered in place of a beneficiary-operated drive control system if the beneficiary meets coverage criteria for a wheelchair, is unable to operate a manual or power wheelchair and has a caregiver who is unable to operate a manual wheelchair but is able to operate a power wheelchair.
- If an attendant control **(E2331)** is provided in addition to a beneficiary-operated drive control system, it will be denied as non covered.

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Coverage Criteria – Other Common Accessories

A power seat elevation feature **(E2300)** and power standing feature **(E2301)** are noncovered because they are not primarily medical in nature. If a wheelchair has an electrical connection device described by code E2310 or E2311 and if the sole function of the connection is for a power seat elevation or power standing feature, it will be denied as noncovered.

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Coverage Criteria – Manual Chair Wheels

A **gear reduction drive wheel (E2227)** is covered if all of the following criteria are met:

- The beneficiary has been self-propelling in a manual wheelchair for at least one year; AND (see below)

A **push-rim activated power assist device (E0986)** for a manual wheelchair is covered if all of the following criteria are met:

- All of the criteria for a power mobility device listed in the Basic Coverage Criteria section are met; and
- The beneficiary has been self-propelling in a manual wheelchair for at least one year AND

Both E2227 and E0986 require:

- Licensed/certified medical professional, such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations evaluation required
- ATP assessment required with direct, in-person involvement in the wheelchair selection for the beneficiary

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Coverage Criteria Documentation (Wheelchair Evaluation / LMN)

The physician may refer the beneficiary to a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), who has experience and training in mobility evaluations to perform part of the face-to-face examination. This person may have no financial relationship with the supplier. (Exception: If the supplier is owned by a hospital, PT or OT working in the inpatient or outpatient hospital setting may perform part of the face-to-face examination.)

If the beneficiary was referred before being seen by the physician, then once the physician has received and reviewed the written report of this examination, the physician must see the beneficiary and perform any additional examination that is needed. The report of the physician's visit shall state concurrence or any disagreement with the LCMP examination. In this situation, the physician must provide the supplier with a copy of both examinations within 45 days after the face-to-face examination with the physician.

If the physician saw the beneficiary to begin the examination before referring the beneficiary to an LCMP, then if the physician sees the beneficiary again in person after receiving the report of the LCMP examination, the 45-day period begins on the date of that second physician visit. **However, it is also acceptable for the physician to review the written report of the LCMP examination, to sign and date that report, and to state concurrence or any disagreement with that examination. In this situation, the physician must send a copy of the note from his/her initial visit to evaluate the beneficiary plus the annotated, signed, and dated copy of the LCMP examination to the supplier.**

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Addendums

- Occasionally, upon review a provider may discover that certain entries, **related to actions that were actually performed at the time of service** but not properly documented, need to be amended, corrected, or entered after rendering the service.
- When making review determinations the MACs, CERT, Recovery Auditors, and ZPICs shall consider all submitted entries that comply with the widely accepted **Recordkeeping Principles**
- The MACs, CERT, Recovery Auditors, and ZPICs shall NOT consider any entries that do not comply with these principles
- **They shall not consider undated or unsigned entries handwritten in the margin of a document. Instead, they shall exclude these entries from consideration.**

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Addendums

Recordkeeping Principles Regardless of whether a documentation submission originates from a paper record or an electronic health record, documents submitted to MACs, CERT, Recovery Auditors, and ZPICs containing amendments, corrections or addenda must:

1. Clearly and permanently identify any amendment, correction or delayed entry as such, and
2. Clearly indicate the date and author of any amendment, correction or delayed entry, and
3. Not delete but instead clearly identify all original content

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Legible Documents and Legible Identifiers

- **This error <u>will</u> cause a delay in delivery**
- *Medicare requires a legible identifier for services provided/ordered. The method used shall be hand written or an electronic signature (stamp signatures are not acceptable) to sign an order or other medical record documentation for medical review purpose*
- The OIG and CERT have made it clear that this requirement must be enforced and signatures (initials are not acceptable), hand written or electronic, must be present on ALL documentation and **MUST BE LEGIBLE**
- **The legible (signature) identifier requirement applies to documentation for <u>ANY</u> service performed and billed to Medicare**

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Thank You for Attending ISS 2018

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