



Established in 1936 as an independent community pharmacy, BLACKBURN'S has grown into a leading provider of home healthcare products, encompassing all levels of medical equipment. Accredited through The Joint Commission since 1995, BLACKBURN'S services Western Pennsylvania, Northern West Virginia, Eastern Ohio and Western New York.

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Calendar of Events

EDUCATIONAL IN-SERVICES

Sponsored by BLACKBURN'S

Tailored to accommodate your schedule and meet the needs of your practice, department or facility, BLACKBURN'S has a full array of in-services available to keep you and your staff informed regarding Medicare guidelines, product updates and other timely topics.

Contact Randy Prunty at (724) 224-9100 Ext: 1226 to learn more.



News Script for physicians & healthcare professionals

SPRING 2011

WHAT HEALTHCARE PROFESSIONALS NEED TO KNOW ABOUT ORDERING POWER MOBILITY DEVICES

The guidelines for documentation, especially for mobility devices, can be extremely overwhelming to a physician or treating practitioner. One reason for the confusion is the conflicting information they receive from different suppliers of power mobility devices (PMDs). Some physicians argue certain suppliers have a simple "no hassle" ordering process, while others request additional documentation and signatures before an order is processed.



Medicare has left the burden of educating healthcare professionals and physicians about face-to-face examinations, detailed chart notes, etc. to the durable medical equipment suppliers. In a perfect world, everyone would play by the same rules and help alleviate the massive amount of confusion that is being inflicted upon the physician community. The reality is the Centers for Medicare and Medicaid Services (CMS) set the rules which suppliers and physicians must follow.

BLACKBURN'S policy is to adhere to the Medicare insurance guidelines for power mobility devices. To help physicians and healthcare professionals, BLACKBURN'S offers step-by-step instructional in-services on equipment justification and proper documentation as required by CMS.

What many physicians do not realize is there are several statutory requirements they must meet in order for their patient to qualify for Medicare reimbursement. Suppliers of power mobility devices like BLACKBURN'S do not define the documentation guidelines. CMS defines the PMD documentation guidelines, which are meant to eliminate fraud and abuse from suppliers and physicians.



It can be tempting for a physician or treating practitioner to refer patients to a supplier that offers cookie-cutter forms and fill-in-the-blank templates as sufficient forms of medical documentation. In short, this is not compliant and puts the supplier and physician at financial risk. Medicare specifically states that all mobility exams must be documented in a detailed narrative note in the patient's chart in the format used for other entries. The note must clearly state the major reason for the visit was a mobility exam.

CMS has taken measures in recent months to increase the number of power mobility device audits. CMS audits uncover many discrepancies in filed claims. Incomplete documentation or no physician's signature are among the top reasons Medicare denies a claim. Physicians and treating practitioners may also be at risk if CMS identifies a pattern with a supplier's claim denials and the physicians who sign the documentation.

BLACKBURN'S in-services provide valuable information on equipment justification, insurance coverage guidelines and a simple step-by-step instruction on the documentation required for a complaint order. **A copy of the Power Mobility Device (PMD) Documentation Requirements is included in this newsletter as a guide for healthcare professionals.**

When the physician's treatment plan includes durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS), Medicare requires the suppliers to have access to information from the patient's medical record that addresses the coverage criteria for the items prescribed. Medicare DMEPOS Local Coverage Determinations (LCDs), which include details on specific coverage criteria, are available in the Medicare Coverage Database or on each DME MAC's Web site.

Jurisdiction A DME MAC – NHIC, Corp

<http://www.medicarenhic.com/dme/index.shtml>

Jurisdiction B DME MAC – National Government Services

<http://www.ngsmedicare.com/wps/portal/ngsmedicare>

To learn more about medical equipment justification and documentation guidelines, contact our representative in a location near you:

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POWER MOBILITY DEVICE (PMD) DOCUMENTATION REQUIREMENTS

FACE-TO-FACE EXAM

For a Scooter (POV) or Power Wheelchair (PWC) to be covered by Medicare, the physician or treating practitioner (i.e. physician assistant, nurse practitioner, and clinical nurse specialist) must conduct a face-to-face exam with the patient and the supplier must receive the written order within 45 days of that exam.



MEDICAL DOCUMENTATION OF THE EXAM MUST INCLUDE:

(History of the present condition(s) and past medical history are relevant to the patient's mobility needs in the home)

- Height & Weight
- Symptoms that limit ambulation
- Diagnoses that are responsible for these symptoms
- Medications or other treatment for these symptoms
- Progression of the ambulation difficulty over time
- Other diagnoses that may relate to the ambulatory problems
- How far the patient can walk without stopping and with what assistive device such as a cane or walker
- Pace of ambulation
- History of falls, including frequency, circumstances leading to falls, and why a walker isn't sufficient
- What ambulatory assistance (cane, walker, manual wheelchair) is currently used and why it isn't sufficient
- What has changed that requires use of a power mobility device
- Ability to use a manual wheelchair
- Reasons why a power-operated vehicle (scooter) would not be sufficient for this patient's needs in the home
- How the PMD will help achieve one or more of the Mobility Related Activities of Daily Living (MRADL)
(MRADLs include but are not limited to: toileting, grooming, dressing, feeding, bathing, etc.)
- Description of the home setting and the ability to perform activities of daily living in the home
- Physical examination that is relevant to the patient's mobility needs
- Cardiopulmonary examination
- Musculoskeletal examinations (arm and leg strength and range of motion)
- Neurological examination (gait, balance & coordination)

If patient is capable of walking, the report should include documented observation of ambulation with use of a cane or walker, if appropriate.

Examples of vague or subjective descriptions of the patient's mobility limitations include:

- | | | | |
|----------------------------|----------------------|------------------|-----------|
| "upper extremity weakness" | "difficulty walking" | "poor endurance" | "pain" |
| "SOB on exertion" | "gait instability" | "weakness" | "fatigue" |
| "abnormality of gait" | "deconditioned" | | |

These statements are insufficient and do not objectively address the mobility limitations of a patient.

CLINICAL EVALUATION

If a physician is unable to determine and document all necessary information, a referral for an OT/PT Clinical Evaluation can be initiated to document need.

Following the Clinical Evaluation, a copy of the Clinical Evaluation Report will be forwarded for the physician's review. The physician must note that he AGREES or DISAGREES with the outcomes and sign and date the report.

If a face-to-face exam was completed PRIOR to the Clinical Evaluation, the signed Clinical Evaluation Report with concurring statement must be forwarded to the supplier WITHIN 45 DAYS of the SIGNATURE DATE.

If a face-to-face exam WAS NOT COMPLETED PRIOR TO OR DURING the Clinical Evaluation, it must be completed following the evaluation, with all information forwarded to the supplier WITHIN 45 DAYS of the face-to-face exam date.

BLACKBURN'S ACQUIRES DOVE MEDICAL

On November 1, 2010, BLACKBURN'S purchased Dove Medical located in Cheektowaga, New York located minutes from Buffalo. The acquisition is part of BLACKBURN'S long-range plan to expand our clinical based services to homecare customers and healthcare institutions in the Western New York region.



BLACKBURN'S welcomes the Dove Medical staff and loyal customers. We are committed to providing our customers and referral sources with top line healthcare products and professional service.

"Our company's goal is to provide an open and friendly environment for existing Dove Medical customers, referral sources and employees. Conducting business with BLACKBURN'S Dove Medical should be a helpful and positive experience," says Ron Rukas, president of BLACKBURN'S.

Dove Medical is a leading medical equipment and supplier in the Western New York region, including Rochester and Buffalo.

BLACKBURN'S plan is to continue to offer a full line of medical equipment and services to patients at all age levels. Our courteous staff is ready to respond quickly to your needs.

- Personal and professional customer service representatives
- Comprehensive inventory of medical supplies, equipment, and more
- Direct billing to Medicare, Medicaid and private payers
- Equipment repairs
- FREE delivery and equipment set-up

DOVE MEDICAL IS CONTRACTED WITH MAJOR INSURANCES:

Medicare Part B - Blue Cross/Blue Shield - Community Blue - Univera - Medicaid (PA, NY) - Independent Health - All Private Indemnity Plans

BLACKBURN'S Dove Medical will continue to help people live life better. Our service...knowledge...commitment are key values making BLACKBURN'S Dove Medical a leading provider of medical equipment and supplies.



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BLACKBURN'S is an authorized provider for Dr. Comfort Footwear the finest quality diabetic footwear ...Period!



Any questions on products, or ordering guidelines, call BLACKBURN'S at 800-472-2440.