

## PROVIDER BULLETIN

Volume 39 Number 18

<http://dss.mo.gov/mhd/>

September 6, 2016

## DURABLE MEDICAL EQUIPMENT

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- **Skilled Nursing Facility Wheelchair Policy Clarification**

### **Skilled Nursing Facility Wheelchair Policy Clarification**

The purpose of this bulletin is to provide clarification regarding the documentation of the physician face-to-face examination of MO HealthNet participant's and the Assistive Technology Professional (ATP) requirements as outlined in Section 13.18 of the DME provider manual.

The physician must be the first point of contact with the participant for consideration of reimbursement for a custom or power wheelchair. The physician required face-to-face examination must be completed prior to any examination or contact by any person associated with the DME provider, including the ATP. The physician shall document the face-to-face examination in a detailed narrative note in the participant's chart in the same format they use for other entries. Documentation must include the participant's past and present medical history as well as the physical examination that is relevant to the mobility needs. Supplier- or facility- created forms that the physician completes are not substitutes for the comprehensive medical record/chart note.

After the in-person, face-to-face visit, the physician may choose to refer the patient to a licensed physical therapist (PT) or occupational therapist (OT) for completion of the physical portion of the exam. If utilized, the therapy exam must be reviewed by the physician after completion, agreed upon or amended, and signed before issuing the physician order to the DME provider. It is acceptable and considered best practice for the ATP to be present during the PT/OT evaluation. The DME provider record must document how the ATP was involved and directed with the wheelchair selection process.

The DME provider must receive the written report of this examination within 90 days after the completion of the face-to-face physician examination. The written report must be date-stamped by the DME provider upon receipt. This report must be included with the prior authorization request. If it is not included, the prior authorization will be returned as incomplete.

**Provider Bulletins** are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

**MO HealthNet Managed Care:** The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline  
573-751-2896**