Centers for Medicare & Medicaid Services
Special Open Door Forum:

Suggested Electronic Clinical Template for Power Mobility Devices

Thursday June, 14 2012
2:00pm – 3:00pm Eastern Time
Conference Call Only

The Centers for Medicare & Medicaid Service will host a series of Special Open Door Forum (ODF) calls to provide an opportunity for suppliers and physicians to provide feedback on the Suggested Electronic Clinical Template for Power Mobility Devices for Medicare purposes for possible nationwide use.

CMS is exploring the development of a Suggested Electronic Clinical Template that would allow electronic health record vendors to create prompts to assist physicians when documenting the Power Mobility Device face-to-face encounter for Medicare purposes. You can find the proposed document by going to http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/ESMD/ElectronicClinicalTemplate.html . Comments on the document can be sent to eclinicaltemplate@cms.hhs.gov .

Special Open Door Participation Instructions:

Dial: (800) 837-1935 & Conference ID: 69287910
Note: TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 7-1-1 or 1-800-855-2880. A Relay Communications Assistant will help.

A transcript and audio recording of this Special ODF will be posted to the Special Open Door Forum website at http://www.cms.gov/OpenDoorForums/05_ODF_SpecialODF.asp and will be accessible for downloading.

For automatic emails of Open Door Forum schedule updates (E-Mailing list subscriptions) and to view Frequently Asked Questions please visit our website at http://www.cms.gov/opendoorforums/ .

Thank you for your interest in CMS Open Door Forums.

Audio File for Transcript:
http://downloads.cms.gov/media/audio/061412SODFClinicalPMD.mp3

CENTERS FOR MEDICARE & MEDICAID SERVICES

Moderator: Barbara Cebuhar
June 14, 2012
2:00 p.m. ET

Operator: Good afternoon. My name is (Adam) and I will be your conference facilitator today. At this time, I would like to welcome everyone to the Centers for Medicare and Medicaid Services Electronic Clinical Template for power mobility devices special open door forum.

All lines have been placed on mute to prevent any background noise. After the speakers' remarks there will be a question and answer session. If you would like to ask a question during that time, simply press star and then the number one on your telephone keypad. If you would like to withdraw your question press the pound key. Thank you.

Barbara Cebuhar, you may begin your conference.

Barbara Cebuhar: Thank you very much, (Adam). Good afternoon and good morning to those of us – those of you joining us from the West coast. If you dialed in today to hear about the power mobility device demo you are mistaking, this is a call for the power mobility device electronic clinical template project. Today's call will not be addressing any power mobility device demo issue. The next demo call is scheduled for June the 28th at 3:00pm.

My name is Barbara Cebuhar and I work in the Office of Public Engagement here at the Centers for Medicare and Medicaid Services. I'm going to help moderate today's call. Today's call is one in a series that the Centers for Medicare and Medicaid Services will host to provide an opportunity for suppliers and physicians to provide feedback on a suggested electronic clinical template for power mobility devices for Medicare purposes for a nationwide use.

We are going to be discussing the electronic clinical template for power mobility devices, which can be found at the following shortened Web link.

You can go to http://go.cms.gov/eclinicaltemplate . There are no www in this address. We want to make sure that folks know you are welcome to send comments on the clinical templates by sending them to eclinicaltemplate@cms.hhs.gov as soon as you are able. It will be especially helpful to get your thoughts a few days before the next special Open Door Forum we are doing about the electronic clinical template which is scheduled for July 10 from 2:00 to 3:00pm Eastern Time.

I'd like to take the opportunity to introduce our speaker today. Melanie Combs-Dyer is the Deputy Director of the Provider Compliance Group here at CMS and will be giving you an overview, and then Doris Jackson is a Health Insurance Specialist who will also be providing some background. We also have representatives from the DME MAC on the call that will be available to help answer your questions.

As the operator mentioned, there will be an opportunity to ask questions at the end of the presentation and we will go over the instructions on how to enter the queue to ask those questions when it is time for them.

Melanie, do you want to set the stage?

Melanie Combs-Dyer: I would be happy to, Barb, thank you very much. Again this is Melanie Combs-Dyer; I'm the Deputy Director of the Provider Compliance Group at CMS and I'm here with Doris Jackson and several of the DME MAC Medical Directors. I'm glad to have everyone here with me to help me answer questions today. As Barb indicated, we are here today to talk about the suggested data elements for the electronic clinical templates for a progress note documenting a face to face power mobility device evaluation.

If you don't already have a copy of the template in front of you, you may want to get it in front of you now and you probably want to make sure that you are working from the latest draft which did change in the last 24 hours or 48 hours. You should be looking at draft version 9.4, 9.3 had been up on the Web site for a long time. We got comments from lots of people and we have begun to make some revision to the list of data elements.

So if you don't have version 9.4 in front of you please go to http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/ESMD/ElectronicClinicalTemplate.html and look at the bottom for the link and make sure that you have draft version 9.4 in front of you. Just to remind you, in order to be covered by Medicare, a power mobility device has to meet a number of criteria and one of the criterion is that there has to be a face to face evaluation of the patient by a physician or a treating practitioner and if the Medicare contractor asks for that documentation, the supplier has to send it in. We believe that the electronic clinical template project may help some physicians in treating practitioners gather the right information and document and all the right things during that face to face evaluation.

There is no new coverage criteria, no new documentation criteria that's been introduced with this project, we are just trying to give the physicians and treating practitioners an additional tool that they can use when their documenting that face to face examination. Our goal is to continue to have these kinds of open door forums calls and receive your e-mails.

We're talking about the data elements that would go in an electronic clinical template and once we get a little bit further down the road and we think we have finalized set of data elements, the plan is for CMS to turn over that list of electronic clinical template data element to the Office of the National Coordinator for Health IT, ONC and ONC will take it from there in terms of taking those data elements and developing the electronic standards that would allow for the data elements to be built into electronic health record and to be able to be moved from for example, the physician to the supplier or from the supplier into CMS in a structured way.

We are very excited about this project and we want to remind people that this would be optional. Physicians and treating practitioners who currently have paper medical record can certainly continue using their paper system for documenting their progress notes and even those physicians that have an electronic record and they feel very confident at documenting a full and complete face to face PMD evaluation, they can certainly continue to do so.

This electronic clinical template once it gets developed and built into the EHR systems of America will still be optional. Providers are not required to use it, but they can use it if they think it will help them document all the things they want to document about that face to face PMD evaluation. One more time, the Web site is http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/ESMD/ElectronicClinicalTemplate.html , you should be looking at version 9.4 and I am going to divide this into I think two parts. First, I am going to open it up to general questions about the electronic clinical template and then I'm going to open it up to detailed questions and we will probably walk through section by section in the version 9.4 of the electronic clinical template.

If you printed it out in black and white you may have trouble seeing but the new information appeared on the screen in red italic, if you printed it out in black and white it would just look like a (inaudible) you wouldn't be able to see the red of course.

But let me – before we go any further, stop here and ask (Adam) to give the instructions about how to open it up for general questions.

Operator: As a reminder, ladies and gentlemen, if you would like to ask a question, please press star then one on your telephone keypad. If you would like to withdraw your question, press the bound key.

Melanie Combs-Dyer: Again I'm looking for general questions, not getting down into the individual data elements but general questions about the project or about electronic clinical templates in general.

Operator: Your first question comes from the line of Kim Ross.

Kim Ross: Melanie, it's good to hear your voice again, thank you for meeting with us in Dallas recently. I have a quick generalized question that obviously is purposely general for that reason and that is – I think we talked about this briefly in our meeting with you and all your team in Dallas, if the intention of the template at some point so they could be readily adapted as part of

facilitating a prior authorization process, that was part of what we were suggesting.

The second part of the question is more of an offer that the text academy (inaudible) along with a number of the other major (inaudible) chapters are obviously very grateful for this development and this direction, I think it's very encouraging. We will offer – in addition to writing comments, we would be glad to literally convene a group of physicians that practice in this particular space and have these kind of experiences to give you also practical observation about the use of the template length and so on.

Our initial take is that the length is somewhat daunting and we're not sure as at yet if it would help move the needle in the way of reducing documentation error type issues that we all are struggling with and I know that the reviewers have as well. So that just it, the main question is, is there something being contemplated to facilitate prior authorization once it's up and running?

Melanie Combs-Dyer: Thank you, this is Melanie again and we are not limiting the electronic clinical template to use in the seven prior authorization states. While some in one of the seven prior authorization states could use the electronic clinical template to document the face to face evaluation, it would not be limited to those folks; it would be open to all 50 states.

Male: That's correct. As you know, we've connected or are connecting your YouTube, (inaudible) and other things to those seven states and will gladly facilitate outreach to the other family practice chapters since you are very aware most of these candies are written by family physicians in less than two or three years so we are more than eager to help facilitate and enroll this (inaudible) adaptation.

Melanie Combs-Dyer: Thank you very much, I appreciate your offer to convene some group of physicians and other practitioners and I would encourage others who are on the phone, if this is something that is near and dear to your heart feel free to gather in groups and submit your comments to us, they don't have to be individual comments, they could be from a group project.

And regarding your comment about the YouTube video, I will let folks know we did tape the filming of Doris and me talking to the cameras about the power mobility device demonstration project and we are contemplating also doing a YouTube video to talk about the electronic clinical template and so anybody that wants to connect – wants to see those, you can certainly check back to our Web site, we are expecting that the one on the PMD demo will be posted probably in the next week or two and it would probably be another month or so before the electronic clinical template YouTube is developed.

Do we have any other general questions?

Operator: Your next question comes from the line of T.J. McEnany from Wheelchair Plus. Your line is open.

T.J. McEnany: All right, thank you. My question was primarily surrounding the education process. As the gentleman before me just indicated, there are obviously a lot of family physicians that do this PMD prescribing on a regular basis. What is going to be specifically for the education process for those physicians who don't have the ability or the time to attend these types of forums when related to once that are removed from the draft to the final draft?

Melanie Combs-Dyer: We will continue our educational campaign about PMD in general but when – specific to the electronic clinical template, once the final products are developed and rolled out and included in the EHR, we are making the assumption that they would be relatively user friendly and easy for physicians and treating practitioners to understand.

They would be sort of team list and writing the EHR is what our goal is.

T.J. McEnany: OK, I was literally on the phone today with physicians from one of the major facilities and of course having the idea about any of this, so I guess you've indicated ongoing education, where can I direct them to maybe have some more education on all this?

Melanie Combs-Dyer: Again this is a call that is focused on the electronic clinical template but folks who are interested in the PMD demo in those seven states and let me see if I can name them. It's California, Illinois, Michigan, New York, North

Carolina, Florida and Texas. Anybody who is in those seven states and they want to learn more about the prior authorization demo can go to go.cms.gov/pademo .

They can see slides there, they will soon be able to see my YouTube video there, and they can find links to the local coverage determination and to all the other information and materials that we have had about the PMD demonstration.

T.J. McEnany: I appreciate that, I wasn't actually talking about the PMD demo. I'm talking about this clinical template because of the modifications and changes and some of the questions that are coming up. Physicians are not aware of some of these changes that are coming regarding the PMD clinical template. I'm not talking about the PMD demo; I'm talking about the clinical template itself.

It's obviously considerably more involved and more detailed than I think most physicians believe that the face to face is currently and that's what I'm talking about, is that is that education of all of these specific additions need to be touched on.

Melanie Combs-Dyer: We certainly want to do as much education as we possibly can to physicians about this electronic clinical template and we will welcome any – you know if you have any suggestion about ways that we can reach out to physicians, we certainly are going out on our list serve and on our other vehicles that we use to communicate to physicians about this electronic clinical template but if you have other ideas, we will absolutely welcome them, you can send them to our e-mail address.

I think (Dr. Huber) may have suggestions as well.

(Huber): Yes, I think a couple of things need to be made clear. One is that we are really in the affirmative stages of the clinical template and I think you raised some good point about how do we educate the physicians about clinical template, but that's probably step two, I think step one is developing the educational material which is the template, I mean that's a part of this call is to solicit comments on the content of the template and I think once we have the content of the template set then the next step is to educate physicians about

the content of the template in a dual path, Melanie will also – and CMS will also be working with electronic health record vendors to get this electronic data incorporated into you know various electronic records.

So it's educating physicians about this I think more importantly is educating physicians that we are having open door forum and that we are soliciting comments about the content and the format and the type of questions that we're contemplating asking and not so much how to use the actual template itself because that – at this point is still being looked at and having discussion with the HR vendors for how to incorporate this type of information into an electronic health record.

Male: Thank you.

Melanie Combs-Dyer: Next question please (Adam).

Your next question comes from the line of Sue Rathbun form Hammer Medical Supply, your line is opened.

Sue Rathbun: Hi, my question is the way that the draft stands today, what is the anticipated time that you would anticipate that it should take to complete this evaluation using the template?

Melanie Combs-Dyer: How long it takes to complete a face to face evaluation, is that your question?

Sue Rathbun: Yes, using this template as it is in the draft 9.4.

(Hughes): Well, (Dr. Hughes) here from Jurisdiction A. The medical examination of that is required to be done as part of a power wheelchair evaluation is envisioned by the policy and we believe by the statute to be a fairly comprehensive physical examination. Now we've all been to the doctors and we know that some folks can weave through an exam in 10 or 15 or 20 minutes while others go more slowly and they can take quite a while depending on how fast the healthcare provider is and how detailed and thorough their exam is.

This document is really sort of a compilation of all the various topics, issues, points to be considered as part of a comprehensive medical examination but which ones needs to be delved into more deeply and which once can be skipped over will vary dramatically from patient to patient depending on how this specifics of their particular condition and how sick they are and how debilitated and so on. So it's really hard to pick out then give the number but it certainly will be more than a couple of minutes because in any medical exam they use more than a couple of minutes.

Melanie Combs-Dyer: So (Susan) does that answer your question?

Sue Rathbun: Well, no, not really. I mean being a physician how long if you had to address each and every point on this template? How long do you think that that would take you to do that evaluation?

(Huber): This is (Dr. Huber). Let me take another stab at what (Dr. Hughes) is saying. Patients are all different and variable and I don't think it's envisioned that every one of the points in this electronic template would be covered with every single patient. We make a similar point in our LCD when we say you know that the evaluation should be tailored to the individual patient. And we list a number of things in the LCD that should be documented but it's not in all an inclusive list and it's not a requirement that everything on that list be addressed.

And again I think going back to my previous statements about the purpose of the open door forum, is really to solicit comments about the electronic clinical template, the content of it and then you know the types of questions that are been asked, do these adequately – these types of questions adequately cover the things that would need to be asked for a wide variety of patients? And I think until we come up with what is the final data set and how that final data set is established, to speculate on how much time it will take to go through all these questions it is not a – you know an exercise that we should probably engage in.

I think the second point with that is that you know we're talking about using this as part of an electronic health record. And as you know electronic health

records and software have multiple ways that algorithms can be set of to answer questions. And in the cause of doing this and I'm certainly not the software programmer but you've filled out census form and things like that that say if no to question – to this question, skip the question 36.

And depending on how these questions are established and what we end up with in the clinical template, it may be a situation where there're groups of questions that don't even need to be answered based on the previous answers. So I don't think there's any way at this point or it's worth it to speculate that you know it will take 45 minutes or 20 minutes so that – we just can't.

It's not something that can be established nor should it be established at this point.

Melanie Combs-Dyer : Thank you (Dr. Huber) this is Melanie again and I think that you do raise an interesting point and one that maybe we can add and note at the beginning of this suggested electronic template our data element list. Perhaps we add a note at the very top that says in a couple of short sentences what (Dr. Hughes) and (Dr. Huber) just indicated.
Something like not every data element needs to be completed during every face to face exam. Physicians and treating practitioners should use their clinical judgment in identifying the penitent data element for an individual patient.

Well, something along those lines. Do you think that that would be helpful in making this a more useful document of folks (Susan)? Or maybe (Susan) has dropped off the line.

Female: (Adam), do we have her under line or can we go to the next caller please?

Operator: Your next question comes from the line of (Emmy Morton). Your line is open.

(Emmy Morton): Thank you. I also want to touch base on what you just said about adding a note on the clinical template. As an equipment provider, we can have issues with doctors not giving us enough information on the clinical template. So if

you add a note up there saying that they don't have to complete everything, we may not give enough information.

So is that's one that I just want to say on that. But my original question was (inaudible) since we're just in the beginning stages. But do you have any idea about the time line when this electronic template will come into place.

Melanie Combs-Dyer: Regarding when the electronic clinical template will be completed I can't –I don't know but I would guess that we are still many months away. We will have to complete our inner agency agreement with the Office of the National Coordinator for Health IT, we will then have to establish a series of ongoing calls, I don't think they call them open door forum calls but they are ongoing calls that allow more input from the public and at some point I'm sure that you know folks who are you know beyond the supplier community and the physician community will need to weigh in.

EHR vendors or their payers will be a very large group of people who will all be invited to the electronic table if you will to help us develop this standard. And then after this standard is developed it will take some time to get it approved through all the right standards committees. And then to rolled it out to the EHR vendors and have built it into future versions of their software. So this is not something that's going to be done you know in the next couple of months.

(Emmy Morton): All right. I just didn't know if it was years away or if they were looking for something you know in the next six months or so.

Melanie Combs-Dyer: I would not expect that would be done in the next six months.

(Emmy Morton): OK, thank you.

Barbara Cebuhar: (Adam), our next question.

Operator: Yes, your next question comes from the line of Ron Manno from Core Care Tech. Your line is open.

Ron Manno: Thank you. I just had a couple of questions, actually. The first one is the reimbursement that the physician will get from this evaluation. Is this going to be a complex visit, is this going to be a simple visit, how is that structured?

Melanie Combs-Dyer: (Dr. Hughes), can you answer? There's a physician doing ENM code and as a professional add-on code and then in addition how does that work?

(Hughes): Yes, there're variety of ENM codes evaluation and managements codes for different levels of visit ranging from fairly simple visit to comprehensive visit. The amount of time and the amount of reimbursement depends on the complexity of the visit. And there's a lot of rules out there for physicians about what they need to do to properly classify on their visit, so that's point one.

I believe and I mention in my earlier answers that that were the policy and visions and after all is the early comprehensive medical evaluation to describe the patient's functional status. So that whatever the mobility deficit is can be identified and how it affects their activities and dealing within their home can be properly described that's not a quick run in the office 10 minute how you feeling kind of visit.

And so I would you know personally envision this being one of the more moderate length or longer visits again depending on the specifics for the individual patient, how sick they are, how much and how long it will take the physician to do that sort of fairly comprehensive examination.

Melanie Combs-Dyer: And am I right in addition to the E&M code, is there a G-code?

(Hughes): Oh correct, yes thanks for reminding me about that. So the physician would get paid the usual evaluation and management codes appropriate for their level of service for doing the actual exam and then in addition to that there is a G-code that allows a small payment, I think it's around $20 if I remember correctly.

Additional payment to the physician for compiling the paper work of the face to face exams, G0372 is the code and so that code is an additional payment of around $20 to compensate the physician's office for the work of putting the

paper work together and conveying it to the supplier in that 45 day period. Am sorry somebody's telling me it's $11, am sorry I misquoted the price.

Melanie Combs-Dyer: And so just to refresh everybody's memory none of the payment policies are changing these are the same kinds of payment codes that are in place today, nothing changes with the electronic clinical template. Ron was that responsive to your question?

Ron Manno: Yes it was so basically it is a comprehensive exam it's a complex visit and it consists of a five page assessment and you will assume that any patient who will come in with this type of problem has a lot of comorbidity. So looking at all the different class – fields and all the different systems, the reason why that's important I think is to get them to complete this form they're going want to be compensated for it. And I just – I'm hoping that that's an incentive for them to see that this information would be completed rather than partially completed and then denied, so I think that's important.

The other thing just to comment on the different fields is that some of that seems redundant like you have your resource your (inaudible) systems, the content looks good but maybe it could be kind of grouped together a little bit differently and like we have in questions like in bed and sitting in chair and things like that. A simple type of population like where – to click a keystroke or two kind of thing like if you just six hours and comment kind of thing usually it's like a summary. And there should be some like if the patient's height and weight is put in it should automatically calculate the body mass index and things like that.

You mentioned paying using a scale, why not have the scales in there you know give them an option give them a way to look at it. Again if you want the information to be precise and complete this is the time to do it so I think if we can streamline it think it will be good.

Melanie Combs-Dyer: Thank you, but you actually bring out a good segue to the actual data element to the electronic clinical template itself and so I would like to suggest that we go ahead and turn our attention perhaps to that very first reminder the first red italics that appeared on the page. It reads "reminder physicians can

make a referral to a qualified independent clinician E.g. TTOT or physiatrist not financial affiliated with the supplier to perform the mobility evaluation portion of the face to face evaluation."

And I think that maybe helpful in reminding some physicians I have been out speaking at many locations in the last two months and I have heard from a number of physicians particularly family physicians who say "I'm not sure that I'm in the best position to conduct this kind of a full examination, am I allowed to refer the patient to a physical therapist or a physiatrist or somebody else who can help out in conducting the face to face exam."

Let me ask (Dr. Hughes) to give a couple more sentences about that and then you guys can let me know if this reminder sentence you think is good enough to get this point across or if we might need to change the words a little bit. (Dr. Hughes)?

(Hughes): I don't know that there's a lot to add except that we really do encourage physicians who are not in the habit of doing comprehensive functional evaluations or they are not comfortable doing them to take advantage of their colleagues or services of hospital physical therapists are very good at doing this just for one example to take advantage of the possibility to refer the exam out.

Obviously we don't want to direct anybody in terms of how they actually choose to provide their care so the options are all available but I'm occasionally surprised when I talk to physicians to find out how many of them are not aware that they could simply send somebody over to a rehab centre and have them independently assessed to get a report back and that report would be the requirements of the (inaudible). So I certainly encourage the (inaudible) to make note of that on the documentation.

Melanie Combs-Dyer:(Adam), if you could instruct people how to get in the queue again I would appreciate it

Operator: As a reminder, if you would like to ask a question, press star one. Your next question comes from the line of Lori Giles from Superbill. Your line is open.

Lori Giles: Hi there, thanks. I have a comment and a question. I'm just kind of surprised that the question is what data element should we be asking for in this new form since that's the question that as a small supplier we are constantly asking Medicare to help us determine since we see like these huge numbers of percentage of audit are denied for non-medical necessities, for documentation not being good enough. I mean frankly we're just at the point where we practically have given up getting anything from a doctor that is adequate enough to meet Medicare's audits and to show somebody needs a power wheelchair.

The doctors don't know what to do, it's all, fill this form which me I thought – I was really excited about it because it gives more specifics. No doctor who does two power wheelchairs a year is going to read the power wheelchair LCD. They're not going to read all the documentation, you say you're surprised they don't know what their options are – this is not – this is such a tiny piece of their practice why would they know what their options are, so that's my comment that I hope – I think there's a bigger problem here that, people don't know, people are having trouble getting the correct documentation from a doctor to support a power wheelchair.

So – and my question is what is the focus of creating this electronic form? Is it because of the whole issue of electronic medical records or is to help with the issue of getting the documentation that meets Medicare's criteria to support the need for a power wheelchair. And if it's the second one can we use this form because you're not supposed to use forms to ask for the doctor's information now we're just supposed to use our chat notes. Can we use this form and send it to the doctors once it's finalized in the hard copy form to help us get the information we need?

Melanie Combs-Dyer: CMS is not going to be creating any kind of a paper clinical template from these data elements but there is no prohibition on a physician who chooses to build this into their current paper system or however it is they want to us it they certainly can do that. I would encourage you however as a supplier not to wait until the face to face visit is over and then two weeks later sent the physician a form to fill out. I think we're talking about in terms of these data

elements is something that the physician can document with at the time of the face to face visit. Lori, was that responsive to your question?

Lori Giles: You said I wouldn't wait to send this form two weeks later, I don't understand that point. My point is that I would love it if I could just send a form to the doctor today telling – with all these questions on it so they wouldn't have to guess what they needed to document to prove this person needs a power wheelchair.

So I heard you just say yes you can send this to the doctor and the doctor can adopt it and obviously they are not going to know about it unless you send it to them but you can't use a form. So, no. I don't understand how you reconcile those two (inaudible).

Melanie Combs-Dyer: Well it is true that the physician cannot use a supplier generated form that has those limited spaces and checkboxes and things like that but if the physician wants to create some kind of a template – a paper clinical template that would become part of the patients medical record that he or she would document on during the face to face evaluation, CMS would not prohibit that and in fact we have received a number of questions similar to that Lori and we are trying to figure out if there is anything that we can put into our program integrity manual that would help clarify that point.

And we're hopeful that at the next open door forum call for electronic clinical templates we may be able to share with you some draft pen language that hopefully would make that clearer.

Lori Giles: So you're saying if the supplier creates the form, no can do, if the doctor wants to create the exact same form then that's OK?

Melanie Combs-Dyer: I'll tell you what, why don't you hold that till the next open door forum call where we would have some language – draft language from our program integrity manual and we can all look at that language and see if we all understand exactly what it means.

Lori Giles: Got you, thank you.

Melanie Combs-Dyer: (Adam), can you take our next question please.

Operator: Your next question comes from the line of Sylvia Toscano from Professional Medical. Your line is open.

Sylvia Toscano: Hello thanks for taking my call, Melanie on that first red italics section that you just mentioned a moment ago.

Melanie Combs-Dyer: Yes.

Sylvia Toscano: Physicians can make a referral to a qualified independent clinician not financially affiliated with the supplier to perform the Mobility Evaluation portion of the face to face evaluation in following the flow of this suggested electronic clinical template can you tell me which portion is the mobility evaluation portion?

Melanie Combs-Dyer: I don't know that I can point out specifically but…

Sylvia Toscano: Will that be the physical examination portion would it be the review of symptoms?

(Hughes): This is (Dr. Hughes). Part of the problem here in understanding this is – kind of comes from the term face to face exam. A lot of people take that term to be one thing but when you dig into the law and into the regulation the face to face exam has really two parts and each part has to be clearly documented in the medical record.

One part is that there has to be an in-person visit with the physician where the decision to get to order a wheelchair is documented and that can be the beneficiary saying, "hey I would like to get a wheelchair," it can be the physician thing, "hey, I think you have to have a wheelchair" and that interaction can be part of a any other regular doctor visit OK. They can be there for their blood pressure checked and the notation and the record thing and I'm checking their blood pressure patient wants to discuss getting a wheelchair.

That – but that discussion that there's a visit there to discuss getting a wheelchair is required to be documented by the law by the regulations so that's one point. The second thing that the regulation requires is that there be a medical examination to determine does the patient have a mobility deficit that affects their abilities to accomplish their activities of daily living in the home. That examination to document that mobility deficit or those mobility deficits if there's more than one that's the medical evaluation and that's the part that can be referred out.

So I'm a family doctor let's just hypothetically say Melanie comes to me and says, "Hey, (Dr Hughes), I would like to get a wheelchair." I'm a family doctor I have to write the note that says Melanie was here and wants a wheelchair. I then have a choice, I can do medical examination do physical document everything, write the report and send that to the supplier or I can say, "Hey Melanie, you know, I only do one of these examinations a year. I'm going to send you to the physiotherapy department at the hospital and have them do an assessment of you and when they send me the report back then I'll file off on it and take my note from our visit today plus that report from the therapist at the hospital, I'll write my seven element order prescription, fold all those three things up in a hospital– in an envelope and send them off to the supplier."

And so all we're trying to convey in the top part of this document is that the physician has an option with regards to the medical examination part.

Sylvia Toscano: Understood, (Dr. Hughes). However, if this is going to be a guide for the physician to use in documenting if a physician were to read this very first sentence he'll be looking for the mobility evaluation portion and that mobility evaluation portion is not specified within the body of suggested electronic clinical template.

So that would leave him wondering which portions will be mandatory for him to complete and which portions will be mandatory for the referral to the PTOTF physiatrists to complete testing before talking about streamlining, clarifying and removing redundancy which is what we've heard so far in this call and I completely agree with. I think we have to stick to the flow of the

electronic clinical template and specify what in fact the mobility evaluation portion is.

And my second point is, if it is not necessary that every element be addressed within the PE, then I think we need to specify which elements are essential because I don't think there's any clarity out there on the part of physicians or suppliers of which elements are required to be addressed. Understanding that the examination is going to be tailored to the condition that's responsible for the mobility deficit, what we have in other situations from the various contractors, if it's an element is left out, that claim is denied for medical necessity.

We need to establish what's required and what's not.

Melanie Combs-Dyer: Sylvia, I'm going to ask (Dr. Handrigan), he is the new medical officer here in the Provider Compliance Group at CMS, to respond to your question.

Sylvia Toscano: Thank you.

(Handrigan): All right you know I think in your point about defining what the mobility portion is it's really important. I think it's really useful at this point to think about what we're looking at and that is the proposed data elements for a template that's going to subsequently be developed by (inaudible). So we're not looking at the template, we're looking at the proposed data elements of that template and I think as we work with ONC in the future, in order to minimize the potential future risk of error, we'll need to be really clear about what that portion is if this particular guidance does survive.

Barbara Cebuhar: Hi, it's Barbara Cebuhar. I just want to make sure folks know that we have about 10 more minutes left on this call and if there are people that have questions please send them to eclinicaltemplate@cms.hhs.gov . We would really appreciate having those before a couple of days before the July 10 conference call our special open door forum that will be going from 2:00 pm to 3:00 pm, Eastern Time.

So, thank you and (Adam) our next two questions, please.

Operator: Your next question comes from the line of Amy Hamaker from Boardman Medical Supply. Your line is open.

Amy Hamaker: Thank you very much, (Adam), and thank you everyone for taking this call. Before we leave, I do have to agree with some of the other callers in regards to the opinions of this template and the reality is that majority of our orders for power mobility devices comes from physicians who really are familiar with the policy. We do have a handful of doctors that we deal with that are licensed physiatrists, and neurologist and specialists who are very familiar with the policy and they come through for us when we need the required documentation. But you're looking at a small percentage and nine times out of ten, these are cases where the patient is in group three or above with complex seating or complex interfaces.

The problem is we're getting a bigger demand for consumer power mobility. And of course, these orders coming from the family practitioners, many of them are in multi-practices, you don't see too many right now, you don't see too many that are in practices by themselves with their family practitioners – they seem to be very far between and again the reality is they don't have time to read the LCD or comprehend it.

And saving this template I think it's a great idea but I don't know if they'll even take the time to read through this either. I'd like to see that happen as you had mentioned before in the previous conference call that it depends on the quality of the answers. On a rare occasion we do get a primary care physician that does give us the information we need but they're very rare.

And as far as the documentation requirements, just in general, I'd like to bring up one case that we had in particular when it comes to – it seems like, sometimes, the documentation requirements are almost getting a little nitpicky. We had a client come to us with a new (inaudible) disease, who is rapidly, progressively getting very worse and was recently put on Biotope ST. We provided this gentleman with the complex power wheelchair with multi-power seating component. And because there were certain circumstances, we couldn't get the chair up to him within a 120-day timeframe, we were three

days short of that. We were denied and the money was taken back after it was already paid to us.

And, it seems a little crazy because there are some certain circumstances why this chair didn't get out to him within that timeframe. He was hospitalized, during time – of course the chair was ordered over a holiday. So I mean, with all the circumstances, naturally we're taking this to the next level. But of appeal that is, but it just seems like it's getting a little bit ridiculous when you know you've got a patient up there, you have significant documentation. I have a lot of documentation on this man including medical records, hospital reports, PT evaluation. I have the original face to face seven-element order and the doctors charge notes and this patient still gets denied.

Melanie Combs-Dyer: Amy, this is Melanie, I apologize but on this 120 timeframe denial, I believe that's outside the scope of this conference call. With respect to your earlier comment to that how physiatrists do a much better job of capturing this documentation, I would suggest that maybe the reminder that we have here at the very top of this data element list, if we do build that in to the EHR, would be very helpful in reminding those family physicians. Others, they can consider making a referral to a physiatrist or other qualified clinician.

Amy Hamaker: Right, we have time to do that in cases where we do know there's a neurological disorder with the client. Especially in those cases or the patient has contractors you know that significant age symmetrical (inaudible) problems. But for the most part these consumer power mobility devices are needed for people who are (inaudible) or have POPD and it's getting increasingly difficult to get the right documentation as the others have mentioned and worse is when they do send us some documentation we are the ones that are interpreting whether it's good enough or not and we almost feel like we're not qualified to do that. I can't speak for the other suppliers but our staff comprises of people who have no clinical degree.

Melanie Combs-Dyer: Thank you, Amy, for your comments. (Adam), could you please take – I think we might have time for one more question before our time is up.

Operator: Your next question comes from the line of Wayne Leavitt from Mobility Medical. Your line is open.

Wayne Leavitt: Hello?

Melanie Combs-Dyer: Yes Wayne, go ahead.

Wayne Leavitt: OK, my question was in fact, we were in discussion this morning with TDS. For instance it says that the special evaluation required as well as the face to face so we interpret that as two different documents. But what we're asking and we understood in the past was if say a specialist neurologist is treating an ALS patient, if they can do both the face to face and specially evaluation, the same thing would apply to a PMD and our doc that's doing say a (inaudible).

If they do the two separate things, is that just as good as a family doctor then getting a PT to do an evaluation? In other words, can both the specialist physician do the specially evaluation and the face to face, in knowing how just the face to face and having a PT to OT the specially?

Melanie Combs-Dyer: Yes, yes, there is no requirement to have two separate clinicians involved. If there is one clinician who can do it all, they can do it all.

Wayne Leavitt: OK, yes, that wasn't what we were told just this morning that – but again, they were going to clarify that with (Dr. Huber) because we have a couple that are in denial where family neurologist on an (ALS) patient and also one from APM and our doctor on a quadriplegic of 20 years. And both of those we were told were denied because we didn't get this separate specially evaluation from a PT or OT, even though the doctors did both the face to face and the specially in two separate documentation.

Melanie Combs-Dyer: I don't think it has to be two separate pieces of documentation but Wayne thank you so much for your comment. Barb, do you have any closing remarks before I…

Barbara Cebuhar: I do, I do, thank you very much. I would like to encourage everyone to join us for the special open doors forum call about the Electronic Clinical Template on July 10. It would be held at 2:00 pm to 3:00 pm, Eastern Time. We will

go over some of the feedbacks we've received about the clinical template and I just want to encourage you all to send your comments or thoughts or questions and if we didn't get to your question today, please send it to eclinicaltemplate@cms.hhs.gov .

We also would like to encourage you and your organization to join the Medicare prior authorization calls that we have scheduled to discuss the power mobility devices on June 28, July 27 and August 30. Those calls are scheduled to start at 3:00 pm Eastern Time and will run for an hour and a half. Thank you for joining us today and we appreciate your feedback. You can find the copy of the transcript and the recording of this call at http://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/ODFSpecialODF.html . It will be happening in about two weeks.

(Adam), we can go ahead and conclude the call today. Thank you.

Operator: This concludes today's conference call. You may now disconnect.

END