



OFFICE OF INSPECTOR GENERAL  
OFFICE OF EVALUATION AND INSPECTIONS

**COMPLEX REHABILITATION POWER WHEELCHAIR  
DOCUMENTATION REQUEST**

### Instructions

The following table identifies the randomly selected power wheelchair claim for which your company received payment from Medicare:

Supplier Number	
Beneficiary's Name	
Beneficiary's Health Insurance Claim Number	
HCPCS Code	
Date of Service	

#### Submitting Documents:

Please submit the requested documents along with the completed documentation checklist in the enclosed, self-addressed envelope by **March 28, 2008**. Please provide photocopies of the requested documents; we will not return originals. Check the box next to the documents you provide. **Write the letter that follows each item on the documentation checklist in the top, right corner of the document(s) you provide.**

If you are unable to provide a document, please explain in the space below the document description. If a single document serves as the response for more than one item on the documentation checklist, please write all items' letters on the document you provide and check the applicable boxes. If multiple documents are required to respond to one item on the documentation checklist, write the item's letter on each document you provide.

You may use the space on page 6 to provide any additional information you believe is important regarding the power wheelchair identified above. You may also staple additional pages to this checklist.

#### Confidentiality of Data:

The Office of Inspector General (OIG) has established policies for protecting confidential proprietary information and will protect such information to the greatest extent permitted by Federal law. You should mark as "confidential" any documents produced in response to our request that contain proprietary information. While OIG reserves the right to dispute the markings of selected documents as confidential, OIG will protect confidential proprietary information in accordance with 18 U.S.C. Section 1905 and its own policies.

Confidential proprietary information is protected by the Department of Health and Human Services' Freedom of Information Act procedures set out in 45 C.F.R. Part 5. Section 5.65 of 45 C.F.R. provides some factors to consider when marking documents as "confidential." This section also outlines the parameters and procedures to be followed with regard to any disclosure of confidential commercial or financial information. In order to facilitate any communication between you and OIG about FOIA disclosure request, you are invited to designate and identify to OIG a contact person for these purposes.

#### Complex Rehabilitation Power Wheelchair Documentation Request

Office of Inspector General · Office of Evaluation and Inspections

Atlanta Federal Center · 61 Forsyth St., S.W., Suite 3B80 · Atlanta, Georgia 30303-8808

If you have questions, call Sarah Ambrose at 404-562-7736 or Mina Zadeh at 404-562-7739.

11-283

## Documentation Checklist

### PREPARATION AND INTAKE DOCUMENTATION:

- Documentation showing the address and phone number of the beneficiary who received the power wheelchair ("A")  
\_\_\_\_\_  
\_\_\_\_\_
  
- Documentation showing the name, address, phone number, UPIN, PIN (as applicable), and NPI (as applicable) of the physician or treating practitioner who prescribed the power wheelchair ("B")  
\_\_\_\_\_  
\_\_\_\_\_
  
- The prescription for the power wheelchair base ("C")  
\_\_\_\_\_  
\_\_\_\_\_
  
- Documentation, such as a date stamp, showing when your company received the prescription ("C-1")  
\_\_\_\_\_  
\_\_\_\_\_
  
- Written report of the home assessment that was performed to verify that the beneficiary can adequately maneuver the power wheelchair in the home (the documentation should indicate the date of the home assessment) ("D")  
\_\_\_\_\_  
\_\_\_\_\_

### MEDICAL NECESSITY DOCUMENTATION

- Written report of the face-to-face examination of the beneficiary and any other documentation needed to support the medical necessity for a power wheelchair in the beneficiary's home ("E")  
\_\_\_\_\_  
\_\_\_\_\_
  
- Documentation, such as a date stamp, showing when your company received the documentation that supports the medical necessity for a power wheelchair from the prescribing physician or treating practitioner ("E-1")  
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\_\_\_\_\_



- Written report of the specialty evaluation explaining why the specific base and each option or accessory is needed to address the beneficiary's mobility limitation (e.g., letter of medical necessity) ("F")

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- The detailed product description, signed and dated by the prescribing physician or treating practitioner, that lists the specific base and each recommended option or accessory ("G")

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- Documentation, such as a date stamp, showing when your company received the signed and dated detailed product description from the prescribing physician or treating practitioner ("G-1")

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**ACQUISITION DOCUMENTATION:**

- The invoice for your company's purchase of the power wheelchair base ("H")

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- Documentation showing the name and address of the company from which you purchased the power wheelchair (the documentation should also indicate whether the company was a manufacturer, distributor, or other entity) ("I")

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- Documentation showing the power wheelchair's (1) manufacturer, (2) model name and number, (3) serial number, and countries where the power wheelchair was (4) manufactured and (5) assembled ("J")

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- Documentation of any discounts, rebates, or other that decreased the price your company paid for the power wheelchair base and were not included in the invoice ("K")

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Documentation of any charges for the delivery of wheelchair base from the manufacturer or distributor to your facility that were not included in the invoice ("L")

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Documentation showing the price your company paid for the power wheelchair after receiving any discounts or rebates and paying any delivery-related charges ("M")

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For the batteries your company supplied with the power wheelchair, documentation showing the (1) HCPCS, (2) manufacturer, (3) model name, and (4) size ("N")

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The invoice and any other documentation showing how much your company paid to purchase the batteries supplied with the power wheelchair, after any discounts, rebates, or other price adjustments (the documentation should also indicate whether the batteries were included in the invoice price of the power wheelchair) ("O")

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The invoice for your company's purchase of each of the following options or accessories (identified by the HCPCS code submitted to Medicare) that your company supplied with the power wheelchair base and any other documentation showing how much your company paid to purchase the option or accessory after any discounts, rebates, or other price adjustments ("P")

E1028

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**COPAYMENT AND RETAIL DOCUMENTATION:**

- Delivery record confirming receipt of chair by the beneficiary ("Q")
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- Documentation showing your company billed the beneficiary, the beneficiary's insurance company, or another entity for the beneficiary's power wheelchair copayment ("R")
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- Documentation showing your company received the power wheelchair copayment (the documentation should indicate whether the beneficiary, beneficiary's insurance company, or another entity paid the copayment. If the copayment was waived, please submit documentation to support this) ("S")
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**PRODUCT-SPECIFIC SERVICES DOCUMENTATION:**

Documentation to support any of the following services that your company may have provided through December 31, 2007, for the power wheelchair claim. Do not include services for which your company received payment from Medicare or any other payer. Do not include billing activities.

For each service, the documentation should indicate (1) the nature of the service, (2) the date the service was provided, and (3) the qualifications of the person(s) who provided the service (certification, credentials, etc.) When possible, the documentation should indicate the time spent providing the service. *For each service, staple supporting documents together.*

- Service(s) provided as part of the initial evaluation for the chair and/or home assessment ("T-1")
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- Service(s) required to assemble the chair ("T-2")
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- Service(s) provided during delivery of chair (e.g. beneficiary/caregiver education, minor adjustments made to the chair) ("T-3")
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- Service(s) provided as part of equipment repair and/or maintenance on the chair ("T-4")
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Follow-up seating, positioning or programming adjustment(s) ("T-5")

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Response(s) to beneficiary/caregiver inquiry about power wheelchair ("T-6")

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Other service(s), please explain ("T-7")

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**Thank you for your time and cooperation. Please print and sign your name to certify that the documents you are providing are accurate and complete:**

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_

**You may use the space below to provide any additional information you believe is important regarding this power wheelchair. You may also staple additional pages to this checklist.**

