

**A LOOK AT THE YEAR AHEAD: 2011 LEGAL AND REIMBURSEMENT UPDATES**

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## **Sample Questions**

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**These are just some of the questions answered in the Bonus Q&A transcript.**

- If we put on our delivery tickets a statement that the patient will allow us to contact them after 15 months by phone, fax, or mail and they sign it; can we then contact the patient after 15 months?
- Is it okay after you receive a referral from Case Management and/or the physician office to then contact the patient to carry out the post discharge services and/or delivery of equipment? Should we document anything specifically besides who called the referral in and who ordered?
- Any expectation on a release date from CMS regarding what will constitute acceptable documentation to prove the patient is aware that contact will be made?
- Can you keep employee, payroll, and accounts payable files for multiple companies in one centralized location?
- If a doctor wants to lease office space from an O&P supplier, with the understanding that the supplier will be servicing the doctor's patients, is that ok?
- Can you clarify how a consignment closet relates to the Facility/Operational requirement on slide 29?
- Are DME providers, like homecare providers, required to file Credit Balance Reports?
- If a commercial payor (primary) pays for a power wheelchair on a purchase basis, how can Medicare not also pay as a purchase when billed as secondary?
- On a powerchair rental, if the patient goes into a SNF and we pick the chair up; do we have to get new documentation and orders to provide the patient with another powerchair?
- Under Competitive Bidding, if a beneficiary travels to a Competitive Bid Area (CBA) from a non-CBA and obtains power mobility equipment from a contract supplier, with the elimination of the first month purchase option, may the contract supplier still submit the claim as a purchase with the understanding that the patient's permanent address is in a non-CBA?