

# Reimbursopoly - Decode Medicare's Mobility Assistive Equipment (MAE) Documentation Requirements 0.6 CEU/6.0 CEC



## QUANTUM®

#### <u>When</u>

Monday, May 8th, 2017

8:30am to 4:00pm (Registration 7:45a-8:15a)

### <u>Where</u>

Monday, May 8th Doubletree by Hilton Fort Lee/Geo Washington Bridge 2117 Route 4 East Fort Lee, NJ 07024 PH: 201-461-9000 Discount Room Rate \$139.00\* \*There is no block of rooms reserved.

#### **Course Description:**



This comprehensive course will examine the questions outlined in the National Coverage Determination for Mobility Assistive Equipment. Attendees will take a detailed look at Medicare's policy, coverage criteria and documentation requirements. This course will provide the clinician with practical tools to incorporate into the evaluation and documentation requirements and assist the supplier in reading and interpreting the information provided for the equipment that is recommended. Participants will have the opportunity to utilize knowledge obtained during the lecture portion and/or apply general knowledge of Medicare's mobility assistive equipment (MAE) policy and coverage criteria (i.e. documentation requirements) to the review of case study claim examples to obtain and retain appropriate funding for mobility assistive equipment.

#### **Learning Objectives:**

1) Upon review of Medicare's mobility assistive equipment (MAE) policy and coverage criteria, participants will be able to identify a minimum of three 2) coverage requirements necessary to obtain Medicare reimbursement for mobility assistive equipment (MAE).

3) Participants will be able to identify at least three (3) documents that are required to be a part of a beneficiaries medical record to obtain Medicare reimbursement for mobility assistive equipment (MAE).

4) Participants will be able to identify a minimum of three (3) guidelines to ensure documentation requirements are compliant with Medicare policy and coverage criteria for mobility assistive equipment (MAE).

5) Participants will be able to identify at least two (2) successful strategies to obtain documentation from clinicians to meet Medicare requirements.

#### Fee: \$100.00

Pride Provider? Yes No
Pride Account Number (if applicable): Account Name:
Address:
City:
State:
Zip:
Email (required for confirmation:
Phone:
Payment Method:
Bill to Pride Account Number
Bill to Credit Card (Visa or MC Only)*
*Please contact Pete at 800-800-8586 ex. 1072 for payment with a Credit Card*

\*\*FAX COMPLETED FORM TO 570-300-4022 or click "Submit Form" for electronic submission.\*\* ATTENDEE(s) First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Special Dietary Needs?Yes No

Please specify the special dietary need(s):

First Name \_\_\_\_\_\_ Last Name \_\_\_\_\_\_ Special Dietary Needs?Yes No Please specify the special dietary need(s):

First Name\_\_\_\_\_ Last Name\_\_\_\_\_ Special Dietary Needs?Yes No

Please specify the special dietary need(s):

## If you have any questions, please contact; **The Quantum Education Team** via PH: **800-800-8586 ex 1072** or E: **Education@pridemobility.com**

Pride Mobility Products Corp. has been approved as an Accredited Provider by the International Association for Continuing Education (IACET), 12100 Sunset Hill Rd., Suite 130, Reston, VA 20190; (703) 234-4065. Provider #1307743. Valid through 2/28/21.

ADA: If you require ADA accommodations, please contact your branch manager at least two weeks prior to the seminar date to make arrangements.

Satisfactory Completion Requirements: 100% Attendance. Credit will be awarded to participants of this program that sign-in/sign-out, provide a completed evaluation form, and the last 4 digits of the SSN.