MED 101: MED U SAMPLE COURSE

Overview and Objectives

REMINDER: PLEASE PRINT THE PREVIEW-REVIEW SHEET AT THE END OF THIS COURSE BEFORE YOU BEGIN. IT HELPS ORGANIZE YOUR THOUGHTS, EMPHASIZES CRITICAL POINTS AND PREPARES YOU FOR THE EXAMINATION.

We have created this sample course to give you a feel for the design, navigation and quality of MED U. Each piece is a lesson taken from an existing MED University course. It is the best way to give you a feel for the "voice" of MED U – our commitment to quality in content and use.

We have structured this exactly as we structure any MED U course. Theories in education suggest that learning is reinforced 4 ways: by reading, by writing, by hearing and finally through testing.

Reading: Actually, we have created two ways to read: one is on the screen, the other is our simple and one-step approach to printing a lesson out. Push the blue button to the left and notice how easy it is to print out a course.

Writing: The Preview-Review Sheet is our approach to helping students take notes. If you will click on the link above, you will notice that we emphasize key points for students to notice and record – reinforcement by writing. The sheet is used not only to reinforce critical material, but serves a good review for testing.

Hearing: In the third lesson on telephone courtesy, notice the LISTEN buttons. This is our first approach to adding audio pieces into our courses – the first of many future applications!

Testing: Finally, we offer students the option of being tested over every course through MED U. We have built a link into the Sample Test for you here on the left. Try it. It is there to simply give you a feel for what the testing looks like and how quickly results are returned to you. We have found that testing makes a significant difference in an employee's approach to learning – it creates accountability, reinforces key points, and helps employees understand the importance of their approach.

Finally, allow me to state this: MED U is built on the foundation of knowing that education makes a positive difference in the lives of all involved. We understand the importance of the bottom line, and in the case of MED U – the bottom line is the growth of your company's employees.

I would enjoy answering your questions about MED U – please call me at 800-825-5633 or email at gschwantz@medgroup.com. I am proud of what we have created and would love to share my excitement with you.

Sincerely,
Gary Schwantz, Ph.D., "Chancellor" of MED University

OBJECTIVES

Upon completion of this course, students will be able to:

- Experience and describe the ease of use for a MED U course
- Outline the great content and detail in a MED U course
- Recommend MED U for their company's use

SAMPLE LESSON 1 – Alzheimer's Disease

(FROM HME 204: DISEASES & DISABILITIES – LATER ADULT ONSET)

A BRIEF PROFILE OF ALZHEIMER'S DISEASE

Alzheimer's disease is characterized by a gradual loss of memory, increasing difficulty in performing routine tasks and feelings of disorientation. Alzheimer's disease may also cause loss of language skills, personality changes, impairment of judgment and inability to plan.

GENERAL SYMPTOMS OF ALZHEIMER'S DISEASE

Alzheimer's disease is one of the most common causes of dementia (deterioration of intellectual and mental abilities), a medical condition that inhibits the way the brain works. The disease usually begins after age 65 and manifests itself slowly and subtly. At first there may be mild forgetfulness. Over time, the forgetfulness becomes more severe as the person has trouble remembering recent events, activities or the names of familiar people or things. People with Alzheimer's disease may forget how to do simple things like writing with a pen or pencil, brushing their teeth or taking a shower. Later on, they may become anxious; show personality changes like aggressiveness or hostility; and they may begin to wander away from home. Over time, these changes may become so severe that the patient cannot function or communicate. Eventually the individual dies, sometimes as the result of the disease, often from other causes. The length of the disease can vary from 3 to 20 years.

CAUSE OF ALZHEIMER'S DISEASE

Through research, scientists continue to learn more about Alzheimer's disease, but at present the cause remains unknown. This disease was first described in 1906 by Dr. Alois Alzheimer. He examined the brain tissue of a woman who had died of an unusual mental illness and he found odd "clumps" (now called senile or neuritic plaques) and "tangled bundles" of fibers (now called neurofibrillary tangles). These plaques and tangles are still considered hallmarks of Alzheimer's disease. Scientists have also found other changes in the brain, including a loss of nerve cells and lower levels of chemicals. These changes disrupt normal thinking and memory by blocking messages between nerve cells.

TREATMENT OF ALZHEIMER'S DISEASE

While there is no cure for Alzheimer's disease, drugs are being used to alleviate some cognitive (thinking ability) symptoms. Other medications may help control behavioral symptoms like agitation, anxiety, wandering and depression. People who have Alzheimer's disease should see their doctor regularly to monitor the disease and to treat any other illnesses that may occur.

EQUIPMENT CONSIDERATIONS FOR ALZHEIMER'S DISEASE

Equipment provided for someone with Alzheimer's disease will depend on the symptoms that are present. You could potentially provide anything from a raised toilet seat to a complicated wheelchair. In some instances, you might be asked to provide alarm equipment to let caregivers know if the patient has wandered into dangerous territory. It is important to listen to customers who have Alzheimer's disease and to the caregivers who are devoted to their care and well being.

FROM FACTS TO UNDERSTANDING…

Picture this scenario. The wife of a 76 year-old man takes him to see the doctor because he has been acting strangely. One day, she found him in the garage mixing dirt and gasoline in a bowl. Later, she had to hide the matches because she found her husband with a box of matches attempting to "light" a lamp in the living room, believing it to be an old kerosene lamp. A few weeks later, a neighbor found him wandering on the railroad tracks. The doctor's diagnosis was Alzheimer's disease. This man's wife is also 76 years old and doesn't think that she can cope with his erratic behavior. The last straw for her came when she found him getting his toothbrush wet in the toilet so that he could brush his teeth. When she attempted to take the toothbrush away, he hit her and left a bruise on her arm.

The doctor suggests admitting her husband to a nursing home, but when the wife calls to tell their grown children about the plan, absolute chaos ensues. One of the daughters agrees with the need for nursing home placement, but the son and another daughter are adamantly opposed. Although they work full-time and are not available to help during the day, they don't see why their mother isn't "willing" to take care of her husband at home. After all, she doesn't work, and what else does she have to do that could be more important? If he is having trouble bathing himself, these children believe a tub transfer bench and a hand-held shower will make it easy for their mother to help him. If he is wandering outside, special locks can be installed on the doors and their mother can hide the key. If she has trouble getting him to the doctor because he has become clumsy and falls frequently, a wheelchair can be purchased.

As the medical equipment provider, you have now become part of the battle. One side believes that by providing equipment, you are helping to delay the inevitable and that you may not realize the difficulties faced by this elderly woman caring for her husband. The other side of the family believes that with your help, and the equipment that you can provide, their father can be easily cared for in his own home where he will be comfortable and happy. This is quite a dilemma and one that will require tremendous patience and understanding from everyone involved. There is no "right answer." And, while equipment may help to minimize some of the physical stresses for both the husband and wife, it will do little to ease the frustration and devastation of Alzheimer's disease.

Your role will be important in helping a family deal with crisis. In the early stages of Alzheimer's, the patient fights to overcome the mental impairments and great frustrations that are slowly stealing their independence and their life. Caregivers must struggle with feelings of guilt,

resentment and fear. They also have feelings of grief and loss as their loved one slips away a little at a time. Whatever you are able to do by providing equipment and emotional support will go a long way toward helping a family through a very difficult time.

SAMPLE LESSON 2 – Toileting Needs

(FROM HME 301: BATHROOM SAFETY, HOSPITAL BEDS & ACCESSORIES)

BEDSIDE COMMODES

A bedside commode is a chair-like structure with a toilet seat and a removable collection receptacle for patients who have difficulty getting to the bathroom safely. Often this equipment is prescribed for a stroke victim or someone who has sustained a head or spinal cord injury.

There are several different styles of bedside commodes and the model selected for an individual depends on the physical limitations of the user and where it will be used. The four most common models are listed below with a short description.

Basic bedside commode with fixed arms
This bedside commode meets the needs of people who can stand but cannot walk well (or ambulate) the distance required to get to the bathroom. To use this model, the user should have the ability to stand, pivot and sit safely.

Bedside commode with drop-arm or removable arm
This type of commode provides for the needs of non-ambulatory users by permitting lateral or sliding transfers to and from a bed, chair or wheelchair. The arm on either side can easily be dropped down and out of the way by activating the release mechanism. Other versions of this style with swing-away or removable arms are also available and provide similarly for these lateral transfers. This commode is often used in conjunction with a sliding board for people with spinal cord injury or those with dense hemiplegia.

Over-the-toilet commode
This model is also called a backless or three-way commode and is available in either a basic or drop-arm version. This model provides toilet facilities at bedside and, by removing the container, it can easily be positioned over the regular bathroom toilet to provide adjustable seat height as well as assistance in getting up and down.

Concealed commode
Sometimes called a residential commode or furniture commode, this type functions as a commode, but looks like home furniture. This commode is functional for the less severely involved individual and is not available in the drop-arm version. The concealed commode serves as a comfortable chair when not being used as a commode.

Bedside commodes are available in some styles with a maximum weight capacity up to 1000 lbs. for bariatric uses.

Except for the concealed model, bedside commodes are relatively lightweight. None of the models are anchored to the floor like the conventional bathroom toilet. A clamp-on toilet tissue holder is available for use with a bedside commode. Often patients who need a bedside commode also need an ambulation aid such as a walker.

RAISED TOILET SEATS

A raised toilet seat provides assistance to someone who has difficulty getting up and down from a regular home toilet because of weakness, illness or disability. A stroke survivor or individuals with a progressive disease such as Myasthenia Gravis are among those who would require a raised toilet seat. The additional height provided to the toilet seat furnishes a higher level of safety in the bathroom and increased independence for the user. This equipment also helps a patient recovering from a hip replacement remain compliant with hip precautions.

A raised toilet seat should have some type of clips or brackets to help stabilize the seat on the toilet rim and a splash guard on the underside of the seat. If the patient will require lateral or sliding transfers to and from the seat, locking brackets, both front and rear, are essential. Since all bathroom toilets are not uniform in shape and size, it may be necessary to equip a raised toilet seat with optional oversized clips or locking brackets to ensure a safe installation.

A person who is experiencing impaired sensation or skin pressure problems should use a heavily padded toilet seat. Raised toilet seats are available that can be adjusted to a lower level in the front to assist users with hip or knee problems. This angled seat makes it easier to push up off the toilet and prevents unnecessary bending of impaired joints.

A raised toilet seat is safest and most effective when used with toilet safety rails.

TOILET SAFETY RAILS

Toilet safety rails provide safety and assistance to individuals who need extra assistance because of significant lower extremity weakness or poor balance because of head or spinal cord injury, Post-Polio Syndrome or joint replacements.

One type of toilet safety rail attaches to the toilet with a mounting bracket that is held in place by the toilet seat bolts. On some models, a provision is made to allow a choice of the width or distance between the rails when attaching them to the mounting bracket. The arms can then be leveled by adjusting the leg extensions. For non-ambulatory users, either rail arm can be removed, allowing access to either side for lateral transfers.

Another version is a free-standing frame with four legs that is simply placed around the toilet. This self-supporting frame provides armrests on both sides of the toilet. The height of the arms is adjustable by adapting the leg extensions on each leg. This type of safety rail is usually not a good choice for the non-ambulatory user because it does not provide for lateral transfer.

While in some circumstances a toilet safety rail can be used with a normal toilet, it is safer and more effective when used with a raised toilet seat.

TRANSFER TUB BENCHES

The transfer bench gets its name from the fact that it permits a sliding transfer from a wheelchair. Because the transfer bench extends out beyond the edge of the bathtub, a person can be transferred safely between the tub and wheelchair. This supplementary assistance is often required by individuals who are experiencing generalized weakness from diseases such as Parkinson's or who have suffered multiple trauma injuries.

This equipment is also helpful to ambulatory users who have difficulty stepping over the side of the tub safely. Once a person is seated on the bench, with legs outside the tub, all that is required is for the individual to lift one leg at a time into the tub.

The transfer tub bench is placed in the tub facing the faucet end, with the two outer legs resting on the floor outside the tub. The two legs inside the tub should be adjusted to a height approximately even with the side of the tub. The outside legs should then be adjusted so that the seat slopes slightly toward the inside of the tub. This allows any water falling on the seat surface to drain into the tub.

Some benches have a provision for clamping the bench to the wall of the tub. This clamp should be checked periodically to ensure that it remains tight and the surfaces of the clamping mechanism should be kept free of soap film, oil or grease.

As with a tub or shower seat, the patient using a transfer tub bench requires a hand held shower to allow a thorough and comfortable bath. Non-slip bath mats or safety treads are also a requirement.

SAMPLE LESSON 3 - Put Your Best Voice Forward

(FROM CS 102: TELEPHONE COURTESY & CUSTOMER SERVICE)

Most of us have had the experience of listening to a recording of our voice, and few of us like the sound. If we were asked to describe the quality of our voice, many of us would struggle with the description. To better understand how your voice sounds to others on the telephone, call your home phone and leave yourself a message.

Often, when you leave a voice mail message for someone, you have the option of listening to your message. Play your message and listen carefully. Was it easy to understand your name and number? Did you say the telephone number slow enough so it could easily be written down? Was your voice tone and inflection pleasant?

Too often, our messages sound like this:

"Hi!ThisisTedfromXYZMedical Pleasecallmeat555-1234Thanks!

The person receiving this message would have to replay it at least once just to write down the telephone number. Even then, it is difficult to understand the name. What if there is more than one "Ted" at XYZ Medical?

This message is much better:

"Hello. This is Ted Smith with XYZ Medical. Please call me at 555-1234, extension 113. Thank you.

According to experts, your voice quality is influenced by three key factors:

- Energy:

"The energy in your voice reflects your attitude and enthusiasm."

If you don't feel particularly energetic, try standing up before you answer the phone. Strive for a slightly higher energy level than your normal conversation.

- Rate of Speech:

"A normal rate is 125 words a minute. That is approximately the rate I am speaking now. Speaking faster can make it difficult for the caller to comprehend what you are saying. Also, when you talk too fast, you sound hurried or excited. When you speak too slowly, you sound tired, lazy or uninterested."

- Pitch: This can be a monotone, a low or a high pitch.

"Ideally, you should vary your pitch to communicate the right attitude and so that it doesn't sound as though you are reading from a boring book."

When you answer the telephone, your energy, rate of speech and pitch will immediately signal to the caller whether or not you are in the right frame of mind to handle their call.

Make it a habit to speak in a natural, somewhat upbeat manner. Keep your tone attentive, interested and friendly. A soft voice suggests uncertainty. A loud voice implies that you are rushed or angry. When you speak too fast, you are difficult to understand and sound hurried. Speaking too slowly makes you sound uninterested, bored, or tired.

Keep the following suggestions in mind to help you put your best voice forward when talking to a customer on the telephone:

- Practice sitting up straight for better breathing
- Pronounce your words clearly
- Keep your tone conversational
- Keep your language simple and straightforward
- Keep your voice smooth, upbeat, and pleasant
- Put a smile in your voice. (A smile can actually be heard over the telephone.)

While it is very important to answer a telephone by the third or fourth ring, be mindful of how you answer. Don't appear rushed or sound as though you're annoyed that you had to answer the phone. Generally, start with a pleasant opener such as "Good afternoon..." or "Thank you for calling..."

SAMPLE LESSON 4 - Billing Medicare

(FROM REM 103 – FOUNDATIONS OF REIMBURSEMENT: BILLING & CODING)

Once you have completed all of the steps leading up to the billing, the actual billing procedure to Medicare should virtually be an automated function. But, even with all of the checks and balances, how do you know that your bill will be correct when you submit it to Medicare? After all, Medicare does not have a prior authorization process (except for a few wheelchairs) like other insurance companies. The best way to know if you will be paid is to rely upon Medicare's medical policies.

Although we will review a few select Medicare policies herein, you should review the medical policies in the Medicare manuals THAT can be found on the following web sites:
Region A – http://www.umd.nycpic.com
Region B – http://www.adminastar.com

Region C – http://www.pgba.com
Region D – http://www.cignamedicare.com

General coverage principles for any type of home medical equipment state that for any item to be covered by Medicare, it must

1) fit into a defined Medicare benefit category
2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member
3) meet all other applicable Medicare statutory and regulatory requirements

Below are lists of criteria and applicable medical policies that will help you determine whether or not a Medicare patient is qualified for some select items.

HOSPITAL BEDS

Hospital beds belong to the capped rental payment category. See Lesson 7 for more information. The codes included below are those most commonly used in the HME industry. Evaluate each patient using these specific guidelines.

E0250 Hospital bed, fixed height, with any type side rails, with mattress

A fixed height hospital bed is covered if one or more of the following criteria are met:

1. The patient has a medical condition that requires positioning of the body in ways not feasible with an ordinary bed. Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed, or
2. The patient requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain, or
3. The patient requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration. Pillows or wedges must have been considered and ruled out, or
4. The patient requires traction equipment, which can only be attached to a hospital bed.

E0255 Hospital bed, variable height (hi-lo), with any type side rails, with mattress

A variable height hospital bed is covered if the patient meets one of the criteria for a fixed height hospital bed and requires a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair or standing position.

E0260 Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress

A semi-electric hospital bed is covered if the patient meets one of the criteria for a fixed height bed and requires frequent changes in body position and/or has an immediate need for a change in body position.

K0549 Hospital bed, extra-wide

A heavy-duty extra-wide hospital bed is covered if the patient meets one of the criteria for a fixed height hospital bed and the patient weighs more than 350 pounds, but does not exceed 600 pounds.

K0550 Hospital bed, extra heavy-duty
An extra heavy-duty hospital bed is covered if the patient meets one of the criteria for a hospital bed and the patient's weight exceeds 600 pounds.

A total electric hospital bed is not covered; Medicare considers it a convenience item.

MANUAL WHEELCHAIRS

Manual wheelchairs belong to the capped rental payment category. See Lesson 7 for more information. The codes included below are those most commonly used in the HME industry. Evaluate each patient using these specific guidelines.

K0001 Standard wheelchair
A wheelchair is covered if the patient's condition is such that without the use of a wheelchair, he would otherwise be bed or chair confined. An individual may qualify for a wheelchair and still be considered bed confined. This basic requirement must be met for coverage of any wheelchair.

K0002 Standard hemi (low seat) wheelchair
A standard hemi-wheelchair is covered when the patient requires a lower seat height (17" to 18") because of short stature or to enable the patient to place his/her feet on the ground for propulsion.

K0003 Lightweight wheelchair
A lightweight wheelchair is covered when a patient:
1. cannot self-propel in a standard wheelchair using arms and/or legs and
2. the patient can and does self-propel in a lightweight wheelchair.

K0004 High strength, lightweight wheelchair
A high strength lightweight wheelchair is covered when a patient meets either one or both criteria listed below:
1. The patient self-propels the wheelchair while engaging in frequent activities that cannot be performed in a standard or lightweight wheelchair.
2. The patient requires a seat width, depth, or height that cannot be accommodated in a standard, lightweight or hemi-wheelchair, and spends at least two hours per day in the wheelchair.

A high strength lightweight wheelchair is rarely medically necessary if the expected duration of need is less than three months (e.g., post-operative recovery).

OXYGEN AND OXYGEN EQUIPMENT

Oxygen belongs to the oxygen payment category. The codes included below are those most commonly used in the HME industry. Evaluate each patient using these specific guidelines.

E1390 Oxygen concentrator, capable of delivering 85% or greater oxygen concentration at the prescribed flow rate.
Home oxygen therapy is covered only if all of the following conditions are met:
1. The treating physician has determined that the patient has a severe lung disease or hypoxia-related symptoms that might be expected to improve with oxygen therapy, and

2. The patient's blood gas study meets the criteria stated below, and
3. The qualifying blood gas study was performed by a physician or by a qualified provider or supplier of laboratory services, and
4. The qualifying blood gas study was obtained under the following conditions:
   –If the qualifying blood gas study is performed during an inpatient hospital stay, the reported test must be the one obtained closest to, but no earlier than two days prior to the hospital discharge date, or
   – If the qualifying blood gas study is not performed during an inpatient hospital stay, the reported test must be performed while the patient is in a chronic stable state – e.g., not during a period of acute illness or an exacerbation of their underlying disease, and
5. Alternative treatment measures have been tried or considered and deemed clinically ineffective.

Group I criteria include any of the following:
1. An arterial PO2 at or below 55 mm Hg or an arterial oxygen saturation at or below 88 percent taken at rest (awake), or
2. An arterial PO2 at or below 55 mm Hg, or an arterial oxygen saturation at or below 88 percent, taken during sleep for a patient who demonstrates an arterial PO2 at or above 56 mm Hg or an arterial oxygen saturation at or above 89% while awake, or
3. A decrease in arterial PO2 more than 10 mm Hg, or a decrease in arterial oxygen saturation more than 5 percent taken during sleep associated with symptoms or signs reasonably attributable to hypoxemia (e.g., cor pulmonale, "P" pulmonale on EKG, documented pulmonary hypertension and erythrocytosis), or
4. An arterial PO2 at or below 55 mm Hg or an arterial oxygen saturation at or below 88 percent, taken during exercise for a patient who demonstrates an arterial PO2 at or above 56 mm Hg or an arterial oxygen saturation at or above 89 percent during the day while at rest. In this case, oxygen is provided for during exercise if it is documented that the use of oxygen improves the hypoxemia that was demonstrated during exercise when the patient was breathing room air.

A quick explanation of some of these terms:
- hypoxemia – less than normal level of oxygen in the blood
- Group 1 – chronic oxygen patients with obvious respiratory challenges as evidenced by low oxygen saturation
- Group 2 – borderline oxygen patients. Their blood saturation levels seem to be within the normal range, but there are additional extenuating issues that suggest a need for oxygen
- arterial PO2 – measurement of blood saturation
- 55 mm Hg – millimeters of mercury measuring partial pressure of oxygen
- pulmonary hypertension – high blood pressure in the vessels that feed through the lungs – right side of the heart has to work harder to oxygenate blood
- dependent edema – fluid in the tissues, usually ankles, wrists and the arms
- Erythrocythemia– more hematocrit (red blood cells) than normal, very difficult to oxygenate those cells

Initial coverage for patients meeting Group I criteria is limited to 12 months or the physician-specified length of need, whichever is shorter.

Group II criteria include the presence of (a) an arterial PO2 of 56-59 mm Hg or an arterial blood oxygen saturation of 89 percent at rest (awake), during sleep, or during exercise (as described under Group I criteria) and (b) any of the following:

1. Dependent edema suggesting congestive heart failure, or
2. Pulmonary hypertension or cor pulmonale, determined by measurement of pulmonary artery pressure, gated blood pool scan, echocardiogram, or "P" pulmonale on EKG (P wave greater than 3 mm in standard leads II, III, or AVF), or
3. Erythrocythemia with a hematocrit greater than 56 percent.

Initial coverage for patients meeting Group II criteria is limited to three months or the physician specified length of need, whichever is shorter.

For patients with arterial PO2 levels at or above 60 mm Hg or arterial blood oxygen saturations at or above 90 percent, there is a presumption of noncoverage, meaning the need for oxygen is not indicated by the test results.

Oxygen contents and accessories are included in the allowance for rented oxygen systems.

E0431 Portable gaseous oxygen system, rental; includes regulator, flowmeter, humidifier, cannula or mask, and tubing

A portable oxygen system is covered if the patient is mobile within the home and the qualifying blood gas study was performed while at rest (awake) or during exercise.

If the only qualifying blood gas study was performed during sleep, portable oxygen will be denied as not medically necessary. If coverage criteria are met, a portable oxygen system is usually separately payable in addition to the stationary system.

WALKERS

E0130 Walker, rigid (pickup), adjustable or fixed height
E0135 Walker, folding (pickup), adjustable or fixed height

A standard walker (E0130, E0135, E0141, E0143) and related accessories are covered if both of the following criteria are met:

1. It is prescribed by a physician for a patient with a medical condition impairing ambulation and there is a potential for ambulation, and
2. There is a need for greater stability and security than provided by a cane or crutches.

E0141 Rigid walker, wheeled, without seat
E0143 Folding walker, wheeled, without seat

A wheeled walker is one with either 2, 3, or 4 wheels. It may be fixed height or adjustable height. It may or may not include glide-type brakes (or equivalent). The wheels may be fixed or swivel.

K0458 Heavy-duty walker, without wheels, each
K0459 Heavy-duty wheeled walker, each

A heavy-duty walker is one that is labeled as capable of supporting patients who weigh more than 300 pounds. It may be fixed-height or adjustable-height. It may be rigid or folding.

If a heavy-duty walker is provided and if the supplier has documentation in their records that the patient's weight (within one month of providing the walker) is greater than 300 lbs., the ZX modifier should be added to the code. The ZX modifier may only be used when these requirements are met. *Modifiers are discussed Lesson 6.*

SUMMARY

Are you interested in more information? Please contact us – you will find MED U a wonderful foundation for your staff training and education.