

# POWER WHEELCHAIR EVALUATION AND DOCUMENTATION



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# OBJECTIVES

- ❖ Participants will be able to discuss the Face-to-Face MD exam
- ❖ Participants will be able to discuss the 9 Step Algorithm
- ❖ Participants will be able to discuss the Speciality Therapist Evaluation
- ❖ Participants will be able to discuss the 7 element order
- ❖ Participants will be able to discuss the Detailed Product Description/Letter of Medical Necessity
- ❖ Participants will be able to discuss the components of the Medicare Power Wheelchair Evaluation

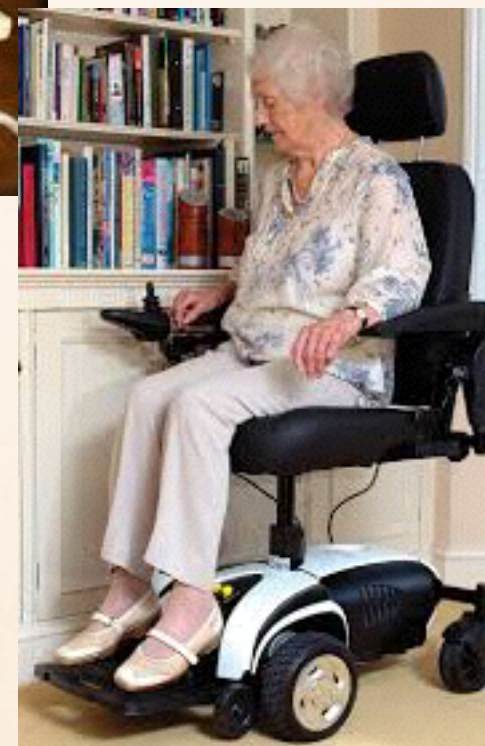
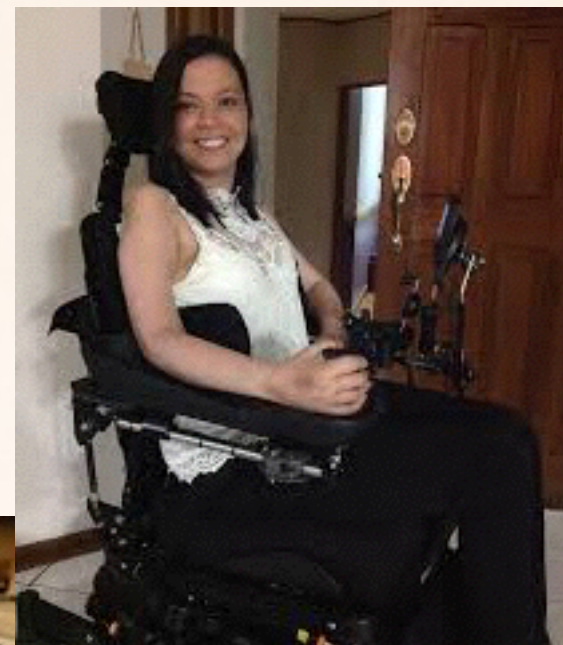


# ASSESSMENT TEAM

- ❖ Client
- ❖ Family/Caregiver
- ❖ MD
- ❖ OT/PT
- ❖ ATP







# 9 STEP ALGORITHM

- ❖ 1. Does the beneficiary have a mobility limitation that significantly impairs his/her ability to participate in one or more MRADL'S in the home?
- ❖ 2. Are there other conditions that limit the beneficiary's ability to participate in MRADL'S at home?



# 9 STEP ALGORITHM

- ❖ 3. If these other limitations exist, can they be ameliorated or compensated sufficiently such that the additional provision of MAE will be reasonably expected to significantly improve or obtain assistance to participate in MRADL's in the home?

# 9 STEP ALGORITHM

- ❖ 4. Does the beneficiary or caregiver demonstrate the capability and the willingness to consistently operate the MAE safely?
- ❖ 5. Can the functional mobility deficit be sufficiently resolved by the prescription of a cane or walker?

# 9 STEP ALGORITHM

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- ❖ 6. Does the beneficiary's typical environment support the use of wheelchairs, including scooters/power operated vehicles?



# 9 STEP ALGORITHM

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- ❖ 7. Does the beneficiary have sufficient upper extremity function to propel a manual wheelchair in the home to participate in MRADL'S during a typical day?

# 9 STEP ALGORITHM

- ❖ 8. Does the beneficiary have sufficient strength and postural stability to operate a scooter?
- ❖ 9. Are the additional features provided by a power wheelchair needed to allow the beneficiary to participate in one or more MRADL's?



As a condition for payment, Section 6407 of ACA requires that a practitioner (Medical Doctor (MD), Doctor of Osteopathic Medicine (DO) or Doctor of Podiatric Medicine (DPM), Physician Assistant (PA), Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS) has had a face-to-face (F2F) examination with a beneficiary within the six (6) months prior to the written order for certain DME items.

CMS, 2016

# THE FACE-TO-FACE MD EXAM

- ❖ Symptoms related to the mobility deficit
- ❖ Related diagnosis and history of illness
- ❖ Duration of the condition(s) affecting the mobility deficit
- ❖ Interventions tried and failed
- ❖ Specific mobility deficits



# THE FACE-TO-FACE MD EXAM

- ❖ How does the ability deficit interfere with MRADL's?
- ❖ Why can't a cane/walker meet their mobility needs?

# THE FACE-TO-FACE MD EXAM

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- ❖ Why can't a manual wheelchair meet their mobility needs?
- ❖ Are physical and cognitive skills sufficient to safely operate a power wheelchair?



# SPECIALTY THERAPIST EVALUATION

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- ❖ Ideal to do in partnership with an ATP
- ❖ Prior to the evaluation by the OT/PT and ATP it is ideal for the ATP to have completed the required in home assessment

# SPECIALTY THERAPIST EVALUATION

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- ❖ A formal PT or OT evaluation
- ❖ The Medicare required power wheelchair evaluation form
- ❖ Fill out every line; no blanks!!







# SPECIALITY THERAPIST EVALUATION

## PATIENT INFORMATION

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- ❖ Other daily activities-one of the primary reasons for denial in that this section is incomplete
- ❖ Be specific about activities that patient will do in the home; socialize, self-care, watch tv, pay bills, home care

## SPECIALTY THERAPIST EVALUATION: CURRENT WHEELCHAIR/SEATING SYSTEM

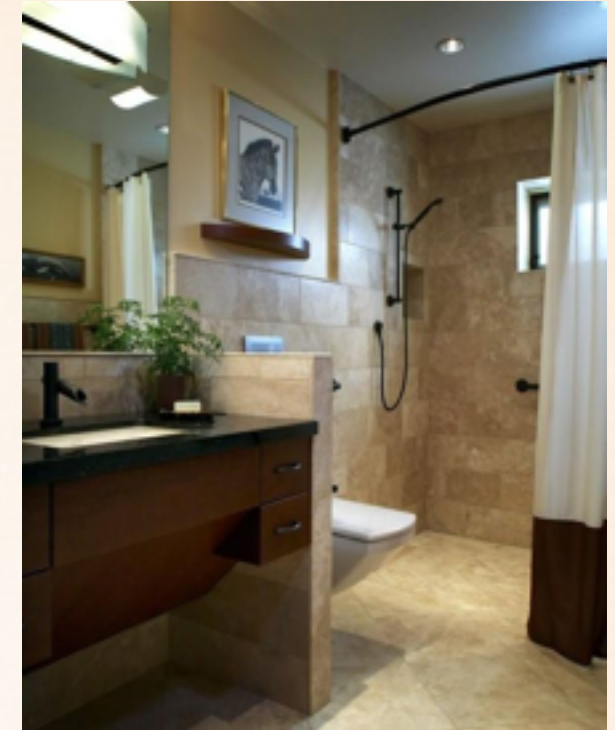
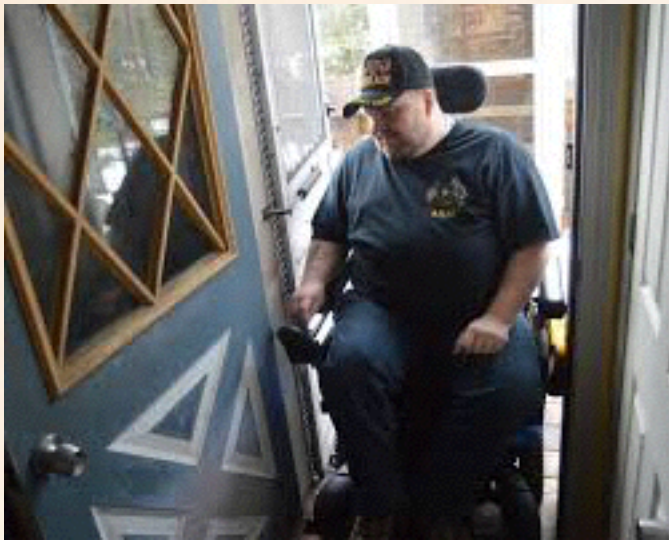
- ❖ This is significant in that if the current wheelchair is less than 5 years old, you will not be able to order a new wheelchair (there are exceptions)
- ❖ Detail list the problems with the current wheelchair and goals

# SPECIALTY THERAPIST EVALUATION HOME ENVIRONMENT

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- ❖ Accessibility issues-be specific including a modification plan
- ❖ Denial will occur if you state the home is not wheelchair accessible and there are no plans for home modification







# SPECIALITY THERAPIST EVALUATION CARETAKER

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- ❖ Health of caregiver; be specific
- ❖ Approval can occur if clear documentation exists that the caregiver is unable to propel a manual wheelchair

# SPECIALITY THERAPIST EVALUATION COMMUNICATION

- ❖ Imperative that you look at cognition communication; if you are stating the patient can not follow directions this can affect approval
- ❖ Look ahead for ACC; if not needed now, will it be needed in the future







# SPECIALITY THERAPIST EVALUATION PAIN

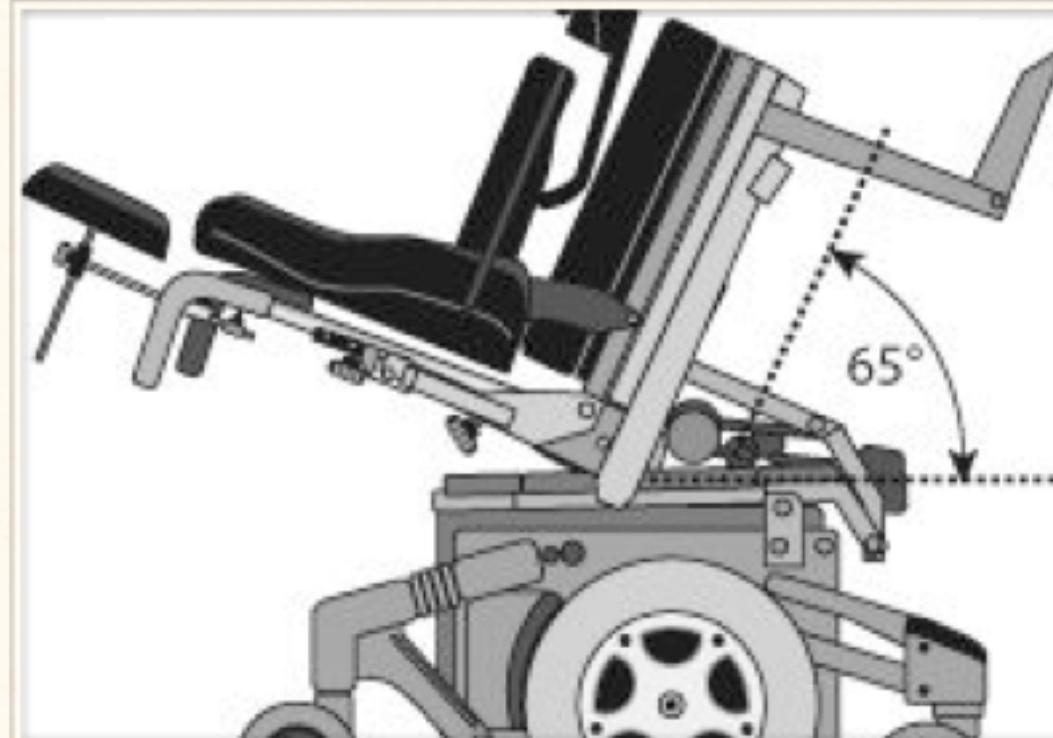
- ❖ Document worse pain and what relieves the pain especially if position change alleviates the pain

# SPECIALITY THERAPIST EVALUATION

## SKIN CONDITION/INTEGRITY

- ❖ Pressure relief-very important you document the method as well as if there are times due to tone/fatigue/weakness that the patient is unable to perform
- ❖ If there are wounds, stage them! Coverage on accessories depends on it!







# SPECIALITY THERAPIST EVALUATION ADL STATUS

- ❖ A detailed evaluation is a must!
- ❖ You are documenting the burden of care
- ❖ If the patient needs help one time-document!
- ❖ Continence=cushion coverage

# SPECIALITY THERAPIST EVALUATION MANUAL WHEELCHAIR MOBILITY

- ❖ Critical to discuss this and rule out
- ❖ If the patient can't propel-document
- ❖ Make sure you look at over time requirements, how many feet, do they fatigue



# SPECIALITY THERAPIST EVALUATION

## PHYSICAL EVALUATION

- ❖ Standard measurements
- ❖ Must look at your patient in supine
- ❖ Evaluate the back, the neck, the trunk!!
- ❖ Upper and lower evaluation
- ❖ Sustained strength is a critical documentation point!

# SPECIALITY THERAPIST EVALUATION

## MOBILITY/BALANCE

- ❖ Make sure you are specific
- ❖ Did the patient use UE to prop
- ❖ Could they maintain static sit
- ❖ Could they complete shifting, pressure relief
- ❖ Where is the pelvis??



# SPECIALITY THERAPIST EVALUATION MEASUREMENTS

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- ❖ Work with your ATP, make sure you factor in typical clothes worn and weight loss/gain over the last several months

# SPECIALITY THERAPIST EVALUATION ASSESSMENT/TRIAL OF EQUIPMENT

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- ❖ Have power wheelchairs available at the evaluation
- ❖ The ATP can also take one on the home assessment and provide valuable information



# SPECIALITY THERAPIST EVALUATION GOALS

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- ❖ Look and document each appropriate point
- ❖ Be specific on the goals of the patient/caregiver especially in terms of what they want to be able to do in THE HOME.

# 7 ELEMENT ORDER

- ❖ This is the MD prescription. Follows the Face-to-Face and Speciality Therapist Evaluation
- ❖ 7 elements: patient name, date, length of need, item ordered, diagnosis, MD signature, and date of MD signature



# 7 ELEMENT ORDER

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- ❖ All documents as discussed, must be provided to the DME supplier within 45 days of the MD signature on the Face-to-Face exam!!

## DETAILED PRODUCT DESCRIPTION LETTER OF MEDICAL NECESSITY

- ❖ This is where you are justifying the power wheelchair and each accessory
- ❖ ATP and/or OT/PT
- ❖ DETAIL DETAIL on the history and current function and changes noted



## DETAILED PRODUCT DESCRIPTION LETTER OF MEDICAL NECESSITY

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- ❖ Elevating leg rests-is there edema
- ❖ Recline/Tilt-does this assist with positioning due to tone or is this feature needed to complete self-care, or to help with pressure relief
- ❖ Each and every accessory needs a reason!

# TILT AND RECLINE

- ❖ Clinical benefits: pressure relief, spasticity management, increasing sitting tolerance and maintaining range of motion
- ❖ ADL: dressing assist, bowel or bladder care
- ❖ Primary reason “High risk for development of a pressure sore/ulcer secondary to their inability to complete a functional weight shift”



# TILT AND RECLINE

- ❖ Aids in maintaining vital organ capacity
- ❖ Physiological: Orthostatic hypotension, orientation, respiration, alertness, bowel and bladder management
- ❖ Transfer assist: stabilizes trunk, add momentum, reduce shoulder load, reduces number of transfers, protects caregivers

# ELEVATING LEG RESTS

- ❖ Management of contractures or orthopedic deformities
- ❖ Management of edema; in combination with tilt to achieve elevation above the heart level
- ❖ Can reduce seating pressure thereby preventing pressure sores/ulcers
- ❖ Can reduce ischial and foot support pressure



# POWER WHEELCHAIR EVALUATION AND DOCUMENTATION

- ❖ Be detailed, be specific
- ❖ Complete every line
- ❖ Monitor time frame requirements
- ❖ Work with your ATP
- ❖ Buy in by your client







# CASE STUDY

- ❖ Diagnosed with ALS
- ❖ Initial visit, decreased sustained trunk and arm strength
- ❖ Current status; operating chair with foot plate control





# THE END!

- ❖ Questions

- ❖ Thank you!