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
9STEP 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?
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 MRADI’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

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

- 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

- 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
A formal PT or OT evaluation

The Medicare required power wheelchair evaluation form

Fill out every line; no blanks!!
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
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
Health of caregiver; be specific

Approval can occur if clear documentation exists that the caregiver is unable to propel a manual wheelchair
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
SELECT A CHAIR MOUNT AND A DEVICE HOLDER FOR A COMPLETE SOLUTION!

MOUNT EXTENSION KIT
Two extra pieces add even more length to any of the Mount kits.

Lengths are shown for all the pieces included with Seat Cushion Mount Hardware (B).

Quick Grip Phone holder sold separately.

Lengths are shown for all the pieces included with Channel Mount Hardware (F). iPad holder sold separately.

Remove some pieces of the Channel Mount Hardware (F) and attach to armrest track.
Document worse pain and what relieves the pain especially if position change alleviates the pain.
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!
A detailed evaluation is a must!

You are documenting the burden of care

If the patient needs help one time—document!

Continence=cushion coverage
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??
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

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

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