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Defend Your LMN:

Creating, Submitting, and Supporting Your Documentation for Complex Rehab Technology

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Workshop Evaluations and Prescriptions

Client Name: _____

Location: _____

Patient Information:

Date: _____ DOB: _____ Age: _____ Sex: _____

Name: _____ City: _____ State: _____ Zip: _____

Address: _____ Street: _____ Apt: _____

Phone: _____ Email: _____

Primary Referral: _____ Secondary: _____ Tertiary: _____

Reason for Referral: _____

Referral Date: _____


Complete Date: _____

Provider: _____

Faculty Disclosure

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Clinical Education Manager

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CONTINUING EDUCATION
by The American Occupational
Therapy Association, Inc.



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continuing competence



Occupational Therapy

- The Permobil Academy is an AOTA approved provider of continuing education for occupational therapy by the AOTA
- This program awards occupational therapists and occupational therapy assistants 0.2 CEU
- The assignment of AOTA CEUs does not imply endorsement of specific course content, products, or clinical procedures by AOTA

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- The Permobil Academy has met the criteria for ProCert CEUs and the states that accept ProCert CEUs for physical therapists
- The Permobil Academy has also met the criteria for the individual states that do NOT accept ProCert CEUs for physical therapists
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Completion Requirements

In order to obtain CEU credits, participants must **COMPLETE ALL 3** criteria:

1. Attend the entire course
2. Sign in and out
3. Complete an on-line course assessment following course completion with 2 weeks

* Failure to complete each and every criteria will result in **NO** CEUs being awarded!

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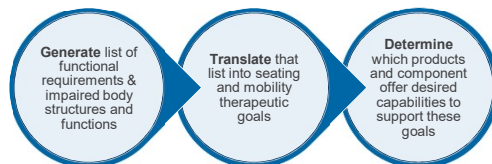
Course Objectives

1. Identify one clinical application for each of the following seat functions: power tilt, power recline, power seat elevation, power elevating leg rests, and power stand.
2. Identify three key points used in an evaluation for an ultra-light weight manual wheelchair.
3. List three key objective tests and measures to include in a letter of medical necessity for complex rehabilitation technology.
4. Identify three factors, upon given a letter of medical necessity, to predict whether the equipment would be approved.
5. Propose two alternative solutions for continuing equipment procurement, given an unfavorable outcome of the LMN.

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Synthesize Information from Assessment



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What is in an LMN?

- Letter of Medical Necessity
 - Therapeutic assessment for DME/CRT
- Justification of recommended Durable Medical Equipment (DME) or Complex Rehab Technology (CRT)
- LMN is a common term but *Therapy Assessment* is more accurate
- Identifying and justifying need of equipment and components based on ICF Framework

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Why document?

- **For the client:**
 - To understand the importance of the evaluation and equipment recommendations
 - Make informed decisions
- **For the ATP/Supplier:**
 - Playing an active role in evaluation
 - Understanding selection of components
- **For the Clinician:**
 - Record of your clinical decision making process
- **For the payor source:**
 - Understanding the need for the payment and authorization



(Lange & Minkiel, 2017; Christie, 2015)

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For the Client

- Educate the client so they are aware of timelines and their role:
 - Set realistic expectations for signatures, approval, and delivery
 - Ex: Face to Face Evaluation
- Prepare before the visit
 - Questionnaire (e.g. age of WC, Dx codes, insurance)
 - Obtain as much information as possible prior to appt

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What do I want to do with my wheelchair?

- ☐ Get around my home
- ☐ Transfer to bed
- ☐ Get Under Table/Desk
- ☐ Use bathroom
- ☐ Use Shower
- ☐ Fix needs
- ☐ Go Shopping
- ☐ Go Outside
- ☐ Worship
- ☐ Visit family/friends
- ☐ Ride in car or van
- ☐ Drive car or van
- ☐ Take bus/train
- ☐ Exercise
- ☐ School
- ☐ Work
- ☐ Entertainment/sports events

What is important to me:

- ☐ Comfort
- ☐ Speed
- ☐ Posture
- ☐ Access/Ability

Notes & Questions for my Wheelchair Team:

Notes & Questions for my Wheelchair Team:

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For the ATP:

- Depending on the clinical setting, ATP may have a more active role in supporting documentation
- ATP can complete chair measurements (specs)
- Inform clinician ahead of time what will be required
- Product trial preparation
- Allows improved preparation for delivery time



(Walker & Maurer, ISS Proceedings 2017)

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For the ATP:

- Coordinating documentation signatures with physicians:
 - Face to Face, 7-element, Detailed Product Description (DPD)
 - Strict timeline for signatures
- Home evaluation as required
- Explain options based on functional need
 - Evaluate covered items
 - Provide solutions or alternatives for non-covered items

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RESNA Code of Ethics

- Practice only in their area(s) of competence and maintain high standards
- Engage in no conduct that constitutes a conflict of interest or that adversely reflects on the association and, more broadly, on professional practice

www.resna.org



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<http://www.thecomixtrips.com/subject/The-Ethics-Comic-Strips.php>

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NRRTS Standards of Practice

- "[E]ducate and communicate with local funding agencies and insurance carriers about the needs of the consumer, the referral source and the rehabilitation technology supplier in the area of prior authorization processes and criteria for the provision of assistive/rehabilitation technology"

www.nrnts.org



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For the Clinician: Clinician Professional Standards



"Providing justification for funding sources and procurement of medically necessary equipment and technology by completing required documentation"
(Sparacio, et.al., 2017)



"[D]ocumentation throughout the episode of care is a professional responsibility, a legal requirement, and the most important factor to successful payment of a claim."
(APTA, 2014)

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For the Clinician:

- No direct financial relationship with the equipment supplier
- Documentation should be clinician generated
- Supplier generated documents:
 - Not medical documentation but is necessary to support and be may need to be reviewed by the medical team
 - If you are asked to sign a document generated by a supplier, they should be listed as the primary author and clinician can co-sign (APTA, 2014)

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For the Clinician:

- Consideration of each client individually
- Use research and clinical reasoning
- Consult with other healthcare professionals
- Use objective and outcome measures for decision making
- Learning curve due to lack of training on documentation specific to CRT



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Paint the Picture

- Reason for Referral (History)
- Current Equipment
- Review of Systems- ICF (Objective T&M)
- Postural Evaluation
- Measurements
- Equipment trials
- Environment of use
- Justifications
- Assessment & Goals
- Plan and Follow-up indicated
- Outcome measures

See handout for detailed information



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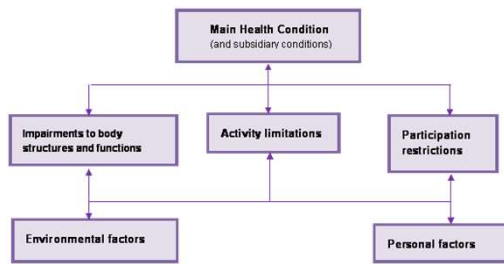
Where Do I Start?

- SOAP note + Justification
- PT/OT Evaluation + Justification
- Specialized Seating & Mobility Evaluation
- Goal: Therapy Assessment + Justification
 - It Does not matter what part of the chair or seating system you start with
 - Just be sure all critical elements are present

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ICF Model



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ICF Framework for Setting Wheeled Mobility Goals

- Body Functions/Structures
 - Symptoms and functions to be managed:
 - Spasticity, skin integrity, ROM, comfort, posture, GI, B&B
- Mobility and transfer limitations
- Presence or risk of secondary complications, for example, injuries subsequent to falls

(EnableNSW and Lifetime Care & Support Authority, 2011)

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ICF Framework for Setting Wheeled Mobility Goals

- Activities
 - Previous, current, and goal status
 - MRADLs and how the wheelchair impacts independence
 - Efficiency, effectiveness, quality, and safety

(EnableNSW and Lifetime Care & Support Authority, 2011)



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ICF Framework for Setting Wheeled Mobility Goals

- Participation
 - "Involvement in a Life Situation" (cdc.gov)
 - Identifying restrictions or limitations
 - Professional, interpersonal, community, civic



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ICF Framework for Setting Wheeled Mobility Goals

- Environment
 - Accessibility and/or modifications
 - Variations of environments
 - Climate
 - Attitudes
 - Services
 - Systems and policies



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ICF Framework for Setting Wheeled Mobility Goals

- Personal Factors
 - Self-efficacy, self-confidence
 - Security, safety
 - Family and peer expectations
 - Satisfaction



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Setting Goals

- On discharge, Bill will be able to sit in his wheelchair for 4 hours with a reduction in pain by >10%, as measured by scale X
- In three months, Anthony will be able to maintain sitting balance over different terrains (rough, inclines) and when performing wheelies
- Mohammed will operate and maneuver his power wheelchair independently around the hospital unit, without hitting objects for three consecutive days

(EnableNSWard Lifetime Care & Support Authority, 2011)

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Justification - Every Part Has It's Place

CONNECTING THE DOTS: THE PERSON-TECHNOLOGY MATCH

The mobility device documentation report should:

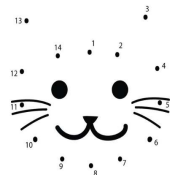
- 1) present the evaluation findings;
- 2) identify the patient's problems and potentials;
- 3) specify the goals of the positioning and mobility intervention;
- 4) specify the recommended technology features; and
- 5) provide medical rationale for each feature that is required for the patient.

(APTA, 2014)

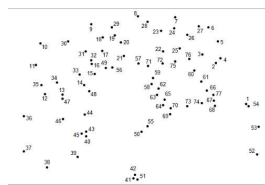
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Justification



We see...



They see...

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Key Items to Remember

- Personalized
- Objective
- Why you selected the intervention
- Ruling out non-functional equipment
- Identify Client willingness to use equipment
- Setting measurable, specific, and realistic goals for equipment
- Use ICF Framework as a guide

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When is an Evaluation Needed

- Unable to ambulate OR concern about safety
- Current wheelchair no longer meets needs
 - Change in condition
 - Has manual – Needs power
 - Absence of seat functions
 - No longer meets manufacturing standards
- Current wheelchair beyond repair
 - Not automatically after 5 years
 - Need to know what is problematic with current chair

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Justify It!

- What exactly needs justification?
 - Wheelchair Base - be specific
 - Ex: Wheelchair 123
 - Additional cost accessories
 - Anything not STD or NCO
 - Any item not included with the base frame
 - Specialty items or performance options
 - Seating components
 - Cushions
 - Backrests
 - Positioning devices



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Medicare Algorithm

- How to rule out lesser equipment
- Explain why something doesn't work, not just the benefit of the equipment being recommended



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Putting It to Paper

- Describes the relationship between product features and the functional outcome for the individual
- Describes what the patient will be able to do as a result of having the equipment
- *Help the Reviewer realize why it might be better to spend a little more money for a certain feature on a wheelchair **now** in order to avoid a more costly expense later*

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Justifications SHOULD NOT Be:



- Vague, subjective observations
- Generic "canned" verbiage that does not actually apply to this person's limitations and needs
- Information that is not supported by, or is contradicted by, facts in the exam results
- Technical information that tells what the product or feature itself is meant to do, but not how it will address this person's specific needs and limitations

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Get It Right on the First Try

- Taking additional time in the beginning far outweighs the process of addendums and amendments
- State-specific limits on how many times a medical record can be edited
- Electronic Health Records:
 - Identify the amendment, correctly, or delayed entry
 - Cite the original content and date of all modifications

(Lange & Minkel, 2018)

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Cost of Denials/Appeals

- **Client:** Delay in time of getting the appropriate equipment
- **Clinician:** Additional documentation, recalling specific information about the client is more difficult 1-2 months later
- **Supplier:** Time-sensitive documentation, especially for Medicare

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Seating Components

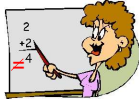
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Diagnosis-Based Criteria

- Medicare coverage criteria are based on specific diagnosis codes - this is **NOT** best practice

There are no formulas to say "for this type of disability or diagnosis, provide this type cushion or back"

- Eligibility should be based on the individual's function, medical status, needs and/or risks
- Does not consider combined effects of co-morbidities or other risk factors
- Creates gaps in who is covered and access issues
- Using a wrong ICD-10 code could lead to a claims denial



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Medicare HCPCS Codes for Seating

SEAT CUSHIONS	
General Use	E2601, E2602
Skin Protection, Non-adjustable	E2603, E2604
Skin Protection, Adjustable	E2622, E2623
Positioning	E2605, E2606
Skin Protection & Positioning, Non-adjustable	E2607, E2608
Skin Protection & Positioning, Adjustable	E2624, E2625
Custom Fabricated	E2609
Powered	E2610
BACK SUPPORTS	
General Use	E2611, E2612
Posterior Positioning	E2613, E2614
Posterior-Lateral Positioning	E2615, E2616
Planar Back with Lateral Supports	E2620, E2621
Custom Fabricated	E2617

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Skin Protection & Positioning Cushions

To qualify for E2607, E2608, E2624, E2625 individual must meet (1), (2) **and** (3)

- Has a MWC or PWC with sling/solid seat/back and meets coverage criteria for it
- Meets **either** a) **or** b)
 - Current pressure injury or past history of a pressure injury on area of contact with the seating surface
 - Absent or impaired sensation in area of contact with the seating surface **or** inability to carry out a functional weight shift **due to one of the qualifying diagnoses**
- Significant postural asymmetries **due to one of the qualifying diagnoses**



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All Positioning Backs

To qualify for E2613, E2614, E2615, E2616, E2620, E2621 individual must meet 1) and 2):

- 1) Has a MWC or PWC with a sling/solid seat/back and meets Medicare criteria for it
- 2) Has significant postural asymmetries *due to one of the qualifying diagnosis*

The list of qualifying diagnoses for *all positioning backs* is identical to that for *positioning cushions*



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Custom Fabricated

To qualify for E2609 (cushion) E2617 (back) an individual must meet

1) and 2)

- 1) Meets all the criteria for a prefabricated skin protection cushion or positioning seat cushion
- 2) There is a comprehensive written evaluation by an LCMP, such as a PT or OT, which clearly explains why a prefabricated seating system is not sufficient to meet the beneficiary's seating and positioning needs. The PT or OT may have no financial relationship with the supplier

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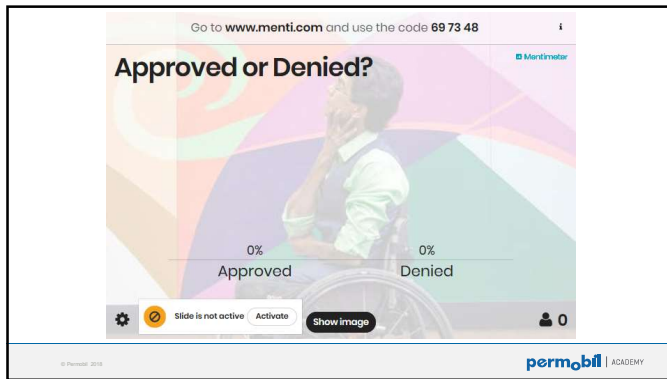
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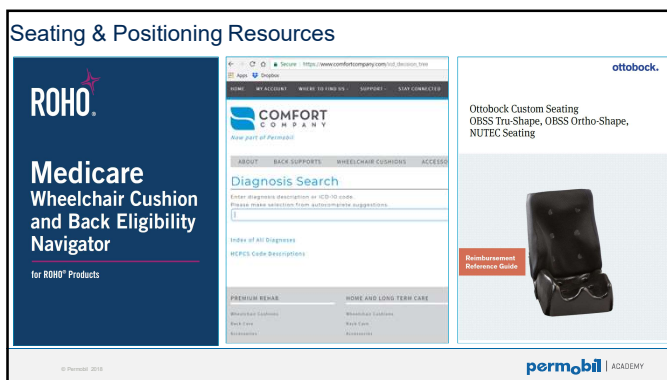
Seating component example:

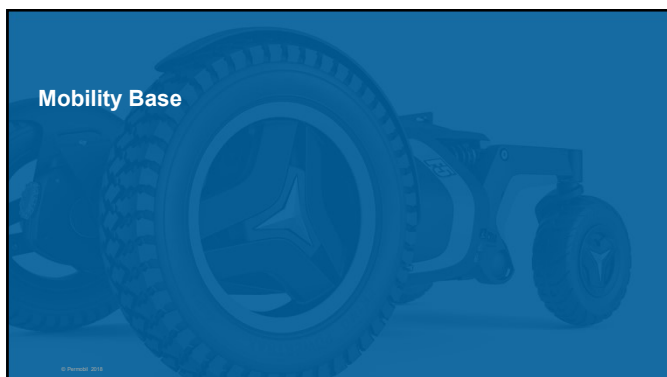
- Mr. B is a 27-year-old male who self-propels a K0005 manual wheelchair for mobility with a sling back and positioning cushion. He presents with bilateral above knee amputation, posterior pelvic tilt, hip abduction contractures; pelvic and shoulder pain.
- Recommendation: Posterior Positioning Backrest and Skin Protection & Positioning cushion.

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Wheelchair Base

- Manual wheelchair:
 - Focused more on functional and medical necessity
 - And ruling out least costly alternative
 - Less of a focus on ICD-10 codes



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Manual Wheelchair Justification

Beneficiary is a full time manual wheelchair user and requires a manual wheelchair for frequent and routine MRADLs

Or

Requires individualized fitting and adjustments, such as but not limited to, axle configuration, wheel camber, or seat and back angles, and these fittings/adjustments can **not** be accommodated by a K0001-K0004 manual wheelchair

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Manual Wheelchair Justification

- State why lesser equipment will not work
- A description of the beneficiary's routine activities
- A specialty evaluation documents the medical necessity for the manual wheelchair and it's special features
- Beneficiary's degree of independence in the use of the wheelchair AND features of a K0005 which are needed compared to a K0004 base

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Manual Mobility Objective Measures

- Wheelchair Propulsion Test (distance traveled per minute)
- Seated Functional reach
- Transfer status
- Wheelchair Skills Test
- ISO Postural Guidelines
- ROM and MMT
- Measurements of the chair:
 - STF height: Seat slope in K0004 vs K0005
 - Size of mobility base (adding frame depth)
 - Back cane height and angle
 - Camber

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Manual Mobility Example

Ms. X presents with paraplegia at the T4 level of injury, onset of transverse myelitis 6/10/2001. She performs depression lift transfers. She has history of right rotator cuff repair in 2010. She does not have any history of skin breakdown. Current wheelchair is beyond repair and requires replacement.

Recommendation: Replace K0005 wheelchair

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Manual Mobility Example

- Ms. X demonstrates the ability to transfer from current K0005 MWC with modified independence. When evaluated in K0004 MWC, she requires Min A for swing-away legrest and lower extremity management. For Ms. X a K0004 MWC is not appropriate as it results in a decline in independent function.

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Manual Mobility Example

- Ms. X is unable to enter a wheelie position in a K0004 wheelchair with a non-adjustable rear axle and unable to negotiate 2" thresholds. Performing this wheelchair skill is imperative to her daily activity as she has a 2" threshold into her kitchen, as well as negotiating over thick carpeting, transitioning from carpet to wood in the hallway and the entrance and exit of her home.

Would this be considered an objective way to rule out a K0004?

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Go to www.menti.com and use the code **69 73 48**

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Documentation Resources - Handouts

- Additional Justification for Ultra-lightweight Wheelchair
 - Tests and measures
 - Environmental Considerations
 - Ruling out Lesser devices
 - Language to help justify components
- Sample LMN
- EZ-Ti LMN Configurator
 - <https://orderforms.tilite.com/eztii/>

EZ-Ti

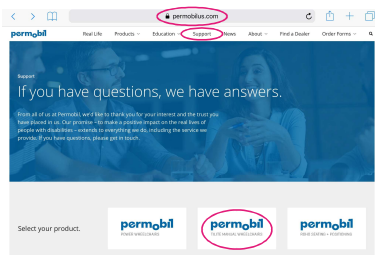
TiLite's EZ-Ti Online System lets you build a chair and see pictures of the options you select along the way.

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Configure Your Chair & LMN Template Together

<https://orderforms.tilite.com/ezt/>



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Power Mobility Devices and Power Seat Functions

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General Funding Considerations: Power Mobility Device

- Power Operated Vehicle (POV) – “Scooter”
- Power Wheelchair:
 - Group 1
 - Group 2
 - Group 3
 - Group 4
 - Group 5

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Medicare Guidelines for Power Mobility Device (PMD)

Must meet all criteria...

1. Significant mobility impairment that impairs ability to participate in MRADLS
2. Cannot be resolved with cane or walker
3. Insufficient upper extremity function to self-propel an optimally configured manual wheelchair in the home

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Power Wheelchair

Must meet general coverage criteria for PMD and...

1. Client does not meet coverage criteria for POV
2. Sufficient mental and physical capabilities for operation OR a caregiver who cannot propel an optimally configured manual wheelchair and is willing to operate power wheelchair
3. Accessible home environment
4. Weight is less than or equal to weight capacity of device
5. Use will significantly improve MRADL participation
6. Participant has not expressed an unwillingness to utilize the power wheelchair

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Group 3, Single or Multiple Power Option

Must meet general coverage criteria for PMD and...

1. Meets coverage criteria for a Group 3 power wheelchair AND
2. Requires a drive control interface other than a hand or chin-operated standard proportional joystick OR
3. Meets coverage criteria for power tilt or power recline seating system and the system will be utilized on the wheelchair OR
4. Ventilator will be mounted on the wheelchair

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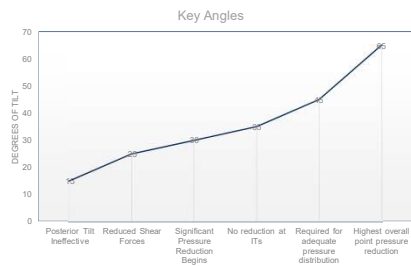
Power Seat Functions?



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Power Tilt: Research



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Tilt + Recline = Better Together

- Maximum Pressure Relief with shear reduction
- Improved Sitting Tolerance/Pain Management
- Functional Activities (toileting/lower body clothing mgmt., getting knees under a table)
- Respiration (respiratory care)
- Tone Management
- Position of Rest
- Medical Management (orthostatic hypotension)
- Accommodation of hip flexor and hamstring muscle length



Dicanno, B., Liberman, J., Schmeier, M., Schuler, A., Cooper, R., Lagne, M., Liu, H., Jan, Y. (2015). RESNA Position on the Application of Tilt, Recline, and Elevating Legrests for Wheelchairs: Literature Update. [position paper]. RESNA.

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Power Elevating Legrests (ELRs)

- Reduces LE edema
 - Combined with tilt & recline
- Accommodates contractures
- Supports LE casts & splints
- Improves circulation
- Pain management
- How much? How long?

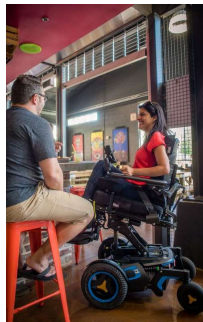


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Power Seat Elevation

- Improves Independence
 - Sit to stand & Lateral transfers
- Improves functional reach/access
- Reduces cervical pain/stress
- Improves visual attention
- Psychosocial benefits



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Top uses for ActiveReach™

- Function
 - MRADLs
 - Functional Reach
 - Transfers
- Positioning
 - Tone Management
- Communication
- Participation



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Power Stand: Function + Physiology

- Perform functional activities in standing position
- Provide energy conservation
- Improves productivity at work or school
- Improve Bowel & Bladder Motility
- Manage Spasticity, Pain, ROM
- Pressure Redistribution



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Research needs remain

Existing research to support the case that the more a person uses their power seat functions, the less discomfort they experience. This could be expanded to include anterior tilt with seat elevation. (Wu, Y., et al., 2017)

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Summary of Evidence

- **Tilt prior to recline reduces shear** (Hobson, 1992; Aissaoui et al., 2001)
- **Recline alone reduces seat surface pressure more than tilt alone** (Sprigle et al, 2010; Hobson, 1992).
- **Recline and tilt combined reduce surface pressure more than either PSF separately** (Jan et al., 2013).
- **Tilt and Recline** (Aissaoui et al, 2001) **or Standing** (Sprigle et al, 2010) **offers best pressure relief for seat and back.**
- **Need at least 25° tilt and 120° recline to achieve muscle and skin perfusion** (Jan, et al, 2013)
- **Comfort requires movement** (Frank, De Souza & Frank, 2012; Porter et al, 2003; Vergara & Page, 2002)

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Power Mobility Example:

- Ms. D presents with Cerebral Palsy and requires a power wheelchair for independent mobility. She has used a PWC since she was 4 years old, safely and independently. Her previous chair only has power tilt. She recently underwent hip surgery for R hip dislocation and acquired a R Stage 2 Ischial Pressure Injury during hospitalization.
- Recommendation: Front Wheel Drive, Group 3 Power wheelchair with Power Tilt, Recline, Seat Elevate, and Anterior Tilt.

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Power Mobility Example:

- Ms. D is dependent for manual weight shifts due to lack of functional AROM and strength limited by spastic quadriplegia and requires power tilt
- Ms. D requires anterior tilt and elevation of the seat to be modified independent with transfers.
- Ms. D requires power recline to manage spasticity as well as provide additional pressure relief that tilt alone is not able to provide (see pressure imaging results)
- Ms. D also requires power recline to maintain hip ROM and accommodate changes in ROM post surgery.

Is this sufficient information to justify power tilt, recline, seat elevate and anterior tilt?

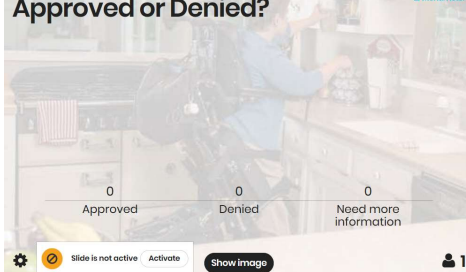
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Approved or Denied?

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"Non-Covered items"

- What to do if you think equipment is beneficial but insurance says not covered...
- Emphasize safety and improved independence with MRADLs
- Include participation goals and quality of life
- How can we change if we don't continue to ask?

Listening
=
Learning

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Why are LMNs denied

- Dates are inconsistent
- Conflicting information
- Insufficient objective data
- Diagnostic code incorrect
- Ruling out lesser equipment (algorithm)



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Tips for Writing an Appeal

- Ask for denial letter in writing if it is not provided to you
- Read the denial letter outlining the specific reason for denial, and be sure you understand the reason for denial
- Clearly and concisely address that reason for denial
- Use research available to support your justification
- Be aware about time frames and deadlines



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Patient Name: Gender: Age: Diagnosis: To Whom it May Concern: This letter is in response to the recent denial of a Permobil C300 Corpus Junior for PATIENT NAME The answers to Medicaid's specific questions are listed below. Why is this specific type of base recommended? The C300 Corpus Junior is a front-wheel drive power wheelchair base. Front-wheel drive has many unique benefits: <ul style="list-style-type: none"> Maneuverability - Front wheel drive wheelchairs have a very small turning radius with good maneuverability. Intuitive drive - In contrast to rear wheel drive chairs, front wheel drive configurations are very intuitive to drive, especially for the first time driver. When turning around an obstacle (such as a corner), you pull up close to it as opposed to taking a wide swing around it. Curb climbing - Because the drive wheels are in the front, they pull the weight instead of pushing it. In combination with good traction on the drive wheels, it enables better curb or threshold climbing and negotiation of soft terrain, such as grass, sand or gravel. Smooth drive - Because of the superior obstacle climbing capabilities, the ride will be much smoother, which enhances CLIENT tolerance to driving. This provides prolonged sitting and driving tolerance. A smoother ride also reduces tone and helps reduce startle reflexes, thereby enhancing function. Accommodation of knee flexion contractures - Due to the lack of casters spinning on the front, knee flexion contractures and tight hamstrings can easily be accommodated without the need to raise the seat to floor height. This will also ensure a smaller overall base length - which further improves maneuverability. 	DATE
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Are we choosing this base ONLY because it accommodates a seat elevator (which is non-covered by Medicaid)? No - this base was chosen due to its front wheel drive technology (see above), its ability to accept various seating systems for appropriate postural support as well as its growth capabilities. This chair will accept 4 optional power seat functions: tilt, recline, elevating legrests, and seat elevation. Additionally, the chair has been proven to be a reliable and durable chair which belongs to the SADMERC approved Group 3 code for wheelchair bases. There are less costly options to power base that can accommodate power tilt/recline/ELRs, have they been tried? Various power wheelchair bases were considered when making this decision for this patient. The C300 Corpus Junior is priced competitively with other manufacturer's products in the same category. The final decision to prescribe the C300 base was made based on the following justifications: <ul style="list-style-type: none"> Front wheel drive - Tends to handle uneven terrain better than mid-wheel or rear-wheel drive chairs. As described in the initial letter of medical necessity, Patient is very active in her community and she is also employed at a medical office. A front wheel drive chair will be Patient's best option to be able to handle various environments effectively and safely. 	
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After the Appeal <ul style="list-style-type: none"> If the request continues to be denied, a beneficiary can request a Fair Hearing in front of a judge Whenever a case is taken to a Fair Hearing, the case must be fully prepared The beneficiary can add additional evidence to support their prior approval application, either documents or testimony, to create the record at the fair hearing Once the record is closed, the evidence is encapsulated; nothing can be added or taken away 	
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After the Appeal

- By law and or policy, a beneficiary is entitled to be represented by Counsel (Protection & Advocacy Attorney, Private Attorney, Paralegal working under the direction of an attorney) or accompanied by friend or other interested party who can help them explain their position at the Fair Hearing
- The beneficiary is also allowed to bring their own witnesses, such as Therapists, Doctors, and Equipment Suppliers
- For help locating a legal representative in your area, please see the listing of Protection and Advocacy offices at:
www.acf.hhs.gov/programs/aiidd/programs/pa

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Develop Education Materials for Consumers on Funding Options:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Alternative Funding Sources <ul style="list-style-type: none"> • Develop resources for your clients • Permobil Cares Foundation • ABLE now • Go Fund Me/ Help Hope Live • SCI/State Trust Funds • Vocational Rehab | <ul style="list-style-type: none"> • Private Pay <ul style="list-style-type: none"> • ABN Options • Upgrade programs from manufacturers • Demo chair sales • Care Credit • Local Re-Use Programs |
|---|---|

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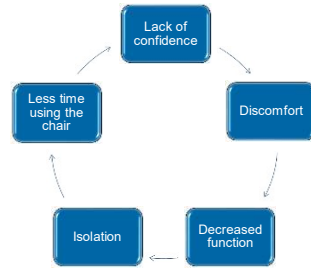
Outcome Measures

You've worked so hard, now prove why the equipment worked and achieved your goals!

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Outcome Measurements

- FIM
- FMA/FEW
- WST-P
- WhOM
- WheelCon
- Life-Space Mobility



(Sakakibara, 2015)

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FMA for Ms. D - power chair tilt only:

DIRECTIONS:

Step 1. Please answer the following 10 questions by placing an 'X' in the box under the response (completely agree, mostly agree, slightly agree, etc.) that best matches your ability to function while using your current means of mobility (i.e., walking, cane, crutch, walker, manual wheelchair, power wheelchair or scooter). All examples may not apply to you, and there may be tasks you perform that are not listed. Mark each question only one time. If you answer, 'slightly,' 'mostly,' or 'completely disagree' for any question, please write and specify the reason for your disagreement in the Comments section.

What is your current means of mobility device? (Check all that apply)	Walking Manual Wheelchair	Walker	Cane	Crutch	Power Wheelchair	Scooter
1. My current means of mobility allows me to carry out my daily routine as independently, safely and efficiently as possible: (e.g., tasks I want to do, need to do, am required to do- when and where needed)	Completely Agree	Mostly Agree	Slightly Agree	Slightly Disagree	Mostly Disagree	Completely Disagree
Comments:	Unable to tolerate enough time in chair for work					
2. My current means of mobility meets my comfort needs: (e.g., heat/moisture, sitting tolerance, pain, stability)	Completely Agree	Mostly Agree	Slightly Agree	Slightly Disagree	Mostly Disagree	Completely Disagree
Comments:						
3. My current means of mobility meets my health needs: (e.g., pressure sores, breathing, edema control, medical equipment)	Completely Agree	Mostly Agree	Slightly Agree	Slightly Disagree	Mostly Disagree	Completely Disagree
Comments:	Tilt only no longer provides sufficient pressure relief					

FMA © 2014 University of Pittsburgh

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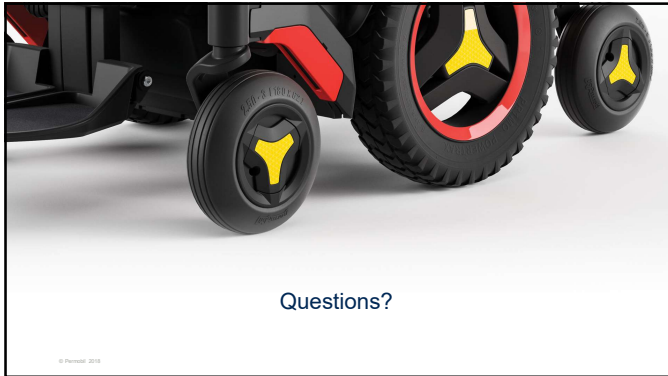
FMA for Ms. D - Power Tilt, Recline, Elevate, Anterior Tilt

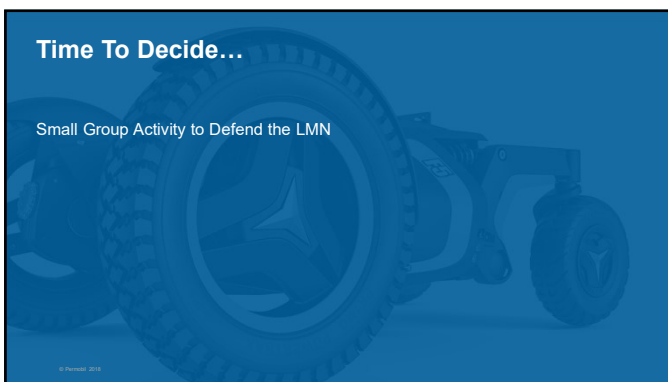
What is your current means of mobility device? (Check all that apply)	Walking Manual Wheelchair	Walker	Cane	Crutch	Power Wheelchair	Scooter
1. My current means of mobility allows me to carry out my daily routine as independently, safely and efficiently as possible: (e.g., tasks I want to do, need to do, am required to do- when and where needed)	Completely Agree	Mostly Agree	Slightly Agree	Slightly Disagree	Mostly Disagree	Completely Disagree
Comments:	I can now sit in my chair 10 hours a day					
2. My current means of mobility meets my comfort needs: (e.g., heat/moisture, sitting tolerance, pain, stability)	Completely Agree	Mostly Agree	Slightly Agree	Slightly Disagree	Mostly Disagree	Completely Disagree
Comments:	I can now tolerate sitting in my chair without pressure on my right hip or pain					
3. My current means of mobility meets my health needs: (e.g., pressure sores, breathing, edema control, medical equipment)	Completely Agree	Mostly Agree	Slightly Agree	Slightly Disagree	Mostly Disagree	Completely Disagree
Comments:	I can now perform an effective weight shift to get pressure off my right side					

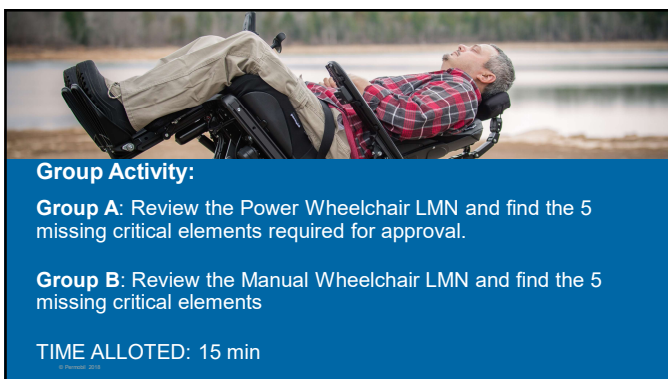
FMA © 2014 University of Pittsburgh

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15 14 13 12 11 10 09 08

06 05 04 03 02 01 00

Finished!

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<https://www.tickcounter.com/timer>

00: 15: 00

HOURS MINUTES SECONDS

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Defend your LMN

- Group A will present the 5 critical elements missing from the Power Wheelchair Evaluation and defend their case to Group B
- Group B will determine if the equipment would be approved or denied based on the ability of Group A to state the 5 critical elements
- Time Allotted: 15 minutes
- Group B will then present the 5 critical elements missing from the Manual Wheelchair Evaluation form and defend their case to Group A
- Group A will determine if the equipment would be approved or denied based on the ability of Group B to state the 5 critical elements
- Time Allotted: 15 minutes

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15 14 13 12 11 10 09 08

06 05 04 03 02 01 00

Finished!

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<https://www.tickcounter.com/timer>

00: 15: 00

HOURS MINUTES SECONDS

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Group A Power Wheelchair

- Approved or denied?

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5 Key Criteria for Power Wheelchair LMN

1. Missing justification for why tilt and recline are required over just tilt
2. Missing edema report to indicate necessity for power ELR
3. Missing primary Dx ICD-10 code
4. Does not rule out why Group 2 or MWC is not appropriate
5. Does not have Goals that are measurable.

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Group B: Manual Wheelchair

- Approved or denied?

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5 Key Criteria for Manual Wheelchair LMN

1. Missing the number of hours spent in her wheelchair per day
2. Missing justification for adjustable center of gravity available on K0005 chair
3. No justification of ergonomic seat slope
4. Missing objective data to support need for K0004 vs. K0005 (Wheelchair Skills Test, Wheelchair Propulsion Test)
5. Missing information on how K0005 improves transfer status over K0004

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Equipment Recommended

Equipment Prescription:
 Mobility Base: Permobil F3 (Front Wheel Drive Group 3 Power wheelchair)
 Power Seat Functions: Power tilt, recline, elevate, anterior tilt, and elevating leg rests
 Power Assist: n/a
 Seat Size: 17 x 21
 Back: Permobil Corpus: 16" wide x 25" height
 Cushion: ROHO Quadtro

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Wheelchair Evaluation and Prescription
 Clinic Name: _____
 Location: _____

Patient Information:
 Date: 01/01/2018
 Name: John Van Damme DOB: 10/18/1960 Age: 57 Sex: M
 Address: 111 Valentine Drive City: Hollywood State: CA Zip: 90210
 Phone: 710-710-7100 Contact Person: Self E-mail: n/a
 Primary Insurance: BCBS Secondary: Aflac Tertiary: _____
 Reason For Referral: Power Mobility Evaluation
 Patient Goals: "This walker is not helping me. I keep falling"
 Caregiver Goals: "Support my husband to be safe"
 Supplier: USA123 ATP: Mary Smith Phone: 777-777-7777 E-Mail: mary@usa123.com
 Team members present: Client, wife, supplier, seating clinician
 Evaluating Clinician: Jenny Block


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Social History:

Home environment: Home/Condo/Apartment/SNF/Assisted Living Rent Own
 Lives with: Alone/Caregiver Family
 Home is accessible to patient: Yes/No
 Ramped entry or can be modified: Has a ramp, need to be evaluated for power chair accessibility
 Hours of Caregiver assist: 3
 Hours spent alone: 12
 Transportation: Family vehicle is SUV. Public Transit to work. Would like to drive in the future.
 Employment/School: Part Time at Bank of All The Banks
 Terrain encountered: Thresholds, sidewalks, carpet, varying heights of transfers and reaching, cross walks
 Communication: WFL for Receptive and Expressive; Primary language: English. Secondary: German

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Medical Status:

Primary Diagnosis: Multiple Sclerosis ICD-10: 
 Secondary Diagnoses: List all with ICD-10: Hypertension: I10; Spasticity: M62.9
 Height: 75"
 Weight: 196 lbs Recent Changes: slowly losing weight since dx
 Medical History (include dates of onset):
Pt presents with primary progressive Multiple Sclerosis (MS), dx in 2014; symptoms of weakness and fatigue in 2011.
Hx of THA. Pain in shoulders, c-spine, hips all increase with activity
 Surgical History: R THA 2000; L THA 2003
 Medications: Aleve, diuretic, Lyrica
 Upcoming procedures: none scheduled
 Pain: R shoulder: 3/10; L shoulder: 6/10; C-spine: 5/10; bilateral hips: 5/10; all increase with activity and using walker

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Review of systems:**Musculoskeletal:**

Posture: Mild pelvic obliquity when seated, thoracic kyphosis, stooped posture in standing
 Pelvis: Flexible posterior pelvic tilt; Flexible L obliquity, reducable with external correction
 Trunk: Non-reducible thoracic kyphosis, left convex scoliosis reducable with external correction; mild R trunk rotation
 Head: Good head control at beginning of day, weakness and pain leading to cervical flexion with increased time without head support
 UE:
 Shoulder: R Elevation; L Internal rotation
 Elbow: WFL
 Wrist: WFL
 Handedness: R
 LE:
 Hip: Hips abducted but reducable
 Knee: WFL
 Ankle/Foot: L foot inverted

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Patient _____ Date _____ Patient ID _____

Ankle/Foot: L foot inverted

	WFL	Right Limits	Left Limits	RL Strength
Hip Flex		110	95	R_4/5 L_2/5
Hip Ext		10	15	R_3/5 L_1/5
Hip Abd			10	R_4/5 L_1/5
Hip Add			30	R_2/5 L_1/5

	WFL	ROM	Strength
Knee ext	x		R_4/5 L_3/5
Knee flex	x		R_3/5 L_2/5
Dorsi			R_2/5 L_0/5
Plantar			R_2/5 L_1/5

	WFL	Right Limits	Left Limits	RL Strength
Shoulder Flex		100	90	R_4/5 L_2/5
Shoulder Abd		105	92	R_4/5 L_2/5
Shoulder Add	X			R_4/5 L_2/5
Elbow Flex	X			R_4/5 L_3/5
Elbow Ext	X			R_4/5 L_2/5

Comments:
Please note this is a one time gross MMT and does not reflect loss of strength based on activity levels.

Grip Strength: R: 30 lbs L: 10 lbs

Age Matched norms: R: 91.1 lbs L: 76.9 lbs

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Neuromuscular:

Spasticity/Tone: Increased resistance to stretch L hand; MAS: L UE: 1+/5; Ankle clonus: MAS 2/5

Head Control: WFL however; weakens over time and develops increased cervical flexion and cranial hyperextension

Seated balance: WNL Good

Standing balance: Unable to maintain static or dynamic standing balance without bilateral UE support; Poor

Reflexes: _____

Sensation: Decreased sensation in L UE and LE

Seizures: None Fatigue Severity Score: 41 (>36 indicates you are suffering from fatigue and require medical consultation)

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GI/Urological:

Bladder: Incontinent; unable to reach rest room in a timely manner; Mod I for management

Bowel: Min A for bowel care

Equipment: Raised commode, shower chair

Integumentary:

Edema: R UE: _____ L UE: _____ R LE: _____ L LE: _____

1+	Barely detectable; hyperosities when finger is pressed into skin
2+	Slight indentation; 15 seconds to rebound
3+	Deep indentation; 30 seconds to rebound
4+	>30 seconds to rebound

Current: None

Past: None, At risk due to prolonged sitting at the sacrum and bilateral ischium

Surgical: N/A

Braden Scale for Predicting Pressure Sore Risk: 14

(6-9: Very High Risk; 10-12: High Risk; 13-14: Moderate Risk; 15-18: Mild Risk; 19-23: No Risk)

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Current Equipment:

Type: Rolling Walker

Age: 3 years

Condition: Poor, donated to him

Previous coverage source: BCBS

Orthotics/Prosthetics: AFO L LE

Hours used per day: 8

What works about equipment: Nothing at this time, client is no longer safe to ambulate due to risk and to fall, decreased activity tolerance, and pain.

What needs to change: Requires power mobility

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Is the current mobility device meeting medical necessity: Yes/No ☒ No

Sitting tolerance: Current: n/a hours/day Goal with new equipment: 8-10 hours/day

Functional Status:

MRADLs: Mod A Meal prep and LE dressing, Min A for bathing/LE dressing, Mod I for grooming and feeding

Equipment Required: walker, wheelchair Ability fluctuates depending on fatigue and if he is working that day. Dressing depends on if it has buttons/zippers

Bed Mobility: Modified Independent

Transfers: Mod I in the morning, Max A in the evening, Min A in evening with lift chair

Equipment Required: walker, wheelchair, lift chair

Ambulation: _____

Wheeled Mobility: _____

Weight shifts: Currently stands but unsafe due to poor standing balance, unable to perform depression or side to side due to severity of shoulder dysfunction and pain as well as decreased activity tolerance.


Other: Increased risk to fall: 2 per week, Standing Functional Reach: 8.5cm (<18.5 indicates increased risk to fall)

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Equipment trials:

Pt tried a mid and front wheel drive power wheelchair with power seat functions. With seat elevate alone, required Min A for transfers. With Anterior tilt, pt was Modified Independent.

Ruling out least costly equipment:

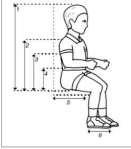
A cane, walker, manual wheelchair are not appropriate due to limited upper and lower extremity strength 

decreased activity tolerance, history of falls, decreased balance, increased muscle tone, and pain.

Willingness to use recommended equipment:

Pt demonstrates and verbalizes willingness to use recommended equipment.

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Patient	Date	Patient ID																									
Patient Measurements:  <table border="1"> <tr><td>1</td><td>28 1/2</td><td rowspan="12">Comments/drawings</td></tr> <tr><td>2</td><td>23</td></tr> <tr><td>3</td><td>18 3/4</td></tr> <tr><td>4</td><td>8 1/2</td></tr> <tr><td>5</td><td>22</td></tr> <tr><td>6</td><td>12</td></tr> <tr><td>7</td><td></td></tr> <tr><td>8</td><td>19</td></tr> <tr><td>9</td><td>16</td></tr> <tr><td>10</td><td>16 1/2</td></tr> <tr><td>11</td><td>20</td></tr> <tr><td>12</td><td>20</td></tr> </table>			1	28 1/2	Comments/drawings	2	23	3	18 3/4	4	8 1/2	5	22	6	12	7		8	19	9	16	10	16 1/2	11	20	12	20
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Equipment Prescription: Mobility Base: Permobil F3 (Front Wheel Drive Group 3 Power wheelchair) Power Seat Functions: Power tilt, recline, elevate, anterior tilt, and elevating leg rests Power Assist: N/A Seat Size: 17 x 21 Back: Permobil Corpus; 16" wide x 25" height Cushion: ROHO Quadro																											

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Arms:	Permobil Corpus 13" on R; 16" on L
Headrest:	8" Permobil, removable adjustable hardware
Front rigging (footrests/plate):	Center mount, flip-up ELRs
Drive Wheels:	Foam Filled
Casters:	Foam Filled
Wheel locks:	N/A
Electronics:	PJSM with
Drive input:	Joystick drive on R with mushroom knob Retractable mount
Other:	Single switch for mode; lateral thigh supports 3" x 5"; Corpus wedges
Batteries and Charger:	USB charger, phone holder
Assembly instructions:	IRM programed to 35 degrees tilt; 110 degrees recline; 110 degrees ELR. Set-up VSC and Connect Soft Key 2 anterior tilt for transfers ICS membrane switches behind joystick

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Justification of Medical Necessity: Base: Client is unable to safely ambulate, limited in completing MRADLs in a timely manner, unable to use a manual wheelchair or walker due to increased risk to fall. POV/Scooter is inadequate due to transfers and stability Seating system: Permobil Corpus seating with A/P tilt is required to provide safe seated posture and independence with MRADLs PWC: Power seat functions: Recline: Required for comfort Power Assist: N/A Backrest: Permobil Corpus with wedges required to correct reducible thoracic scoliosis and accommodate thoracic kyphosis. Cushion: ROHO Quadro: Required to correct reducible pelvic obliquity and provide skin protection due to risk on Braden Scale Upper Extremity: Arm pads are required to support shoulder joint and provide safe utilization of drive controls Lower Extremity: Lateral pelvic guides with removable hardware required to decrease hip abduction and provide safe LE positioning Trunk supports: Head support: Due to increased weakness and pain throughout the day, headrest is required for positioning as well as support during tilt and recline Positioning straps: Lap belt to maintain pelvic positioning	
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Electronics: Expandable electronics required for programming for accurate control as well as for changes associated with progressive dx.
Wiring Harness and multi-seat function control kit, required for controller connection with power seat functions

MWC: Handrims/casters/wheels/tires:
n/a

Other: Mini-cup switch required for mode to ensure safety with wheelchair management with changing modes

Duration of need: Lifetime

Summary/Assessment (You may also attach clinic note):
Mr. Van Damme presents with Primary Progressive Multiple Sclerosis and is unable to functionally ambulate, propel a manual wheelchair, or use a POV/Scooter due to insufficient UE and LE strength, decreased static and dynamic balance, decreased activity tolerance as evidenced by the Fatigue Severity Score. The above stated equipment is required to increase functional independence with mobility and increase safety and independence with tMRADs, independent pressure management and manage pain and spasticity

STG:
1. Client will demonstrate decreased left pelvic obliquity and left convex thoracic scoliosis.
2. Client will be able to verbalize seating and positioning goals as well as how to perform independent repositioning in power wheelchair.
3. Decrease risk to fall once leaner power mobility device is provided.

LTG:
1. Mr. Van Damme will like his power chair.
2. Mr. Van Damme will sit on his cushion.
3. Mr. Van Damme will drive his chair well.

Plan:
Mr. Van Damme will return for delivery of custom power wheelchair and again in 3 months for BT joystick set-up and re-evaluation of fitting and power mobility skills

ADDX

Corrected LTGs

LTG:
1. Mr. Van Damme will tolerate 10 hours per day in his power wheelchair in 3 months with regular tilting behaviors.
2. Mr. Van Damme will verbalize adjustment of ROHO Quadro Cushion at delivery of equipment.
3. Mr. Van Damme will score a 80% on WVST-P on delivery.

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• Review 5 critical elements

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5 Key Criteria for Power Wheelchair LMN

1. Missing justification for why tilt and recline are required over just tilt
2. Missing edema report to indicate necessity for power ELR
3. Missing primary Dx ICD-10 code
4. Does not rule out why Group 2 or MWC is not appropriate
5. Does not have Goals that are measurable.

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Large Group Activity to Defend Your LMN Manual

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Equipment Prescription:

Mobility Base: TiLite TR

Power Seat Functions: n/a

Power Assist: n/a

Seat Size: Rear seat width: 16"; front seat width: 12"; Seat Depth: 16" Frame depth: 17"

Back: Agility Carbon Fiber 10" Min Contour

Cushion: ROHO Mid Profile Sensor Ready with Smart Check

Arms: none

Headrest: n/a

Front rigging (footrests/plate): rigid v-front; footplate width: 8"; angle adjustable footplate

Drive Wheels: Spinnergy Carbon Core 24" with Solvable Marathon Plus tires

Casters: 4" x 1.5" soft roll plastic hub

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Casters: 4" x 1.5" soft roll plastic hub
 Wheel locks: Push to lock
 Electronics:
 Drive input:
 Other:
 Front seat to floor height: 18", rear seat to floor height 15.5" with 6" ergo 0 degree camber; velcro lap belt; user-friendly anti-tip bars
 Assembly instructions:
 3.5" COG

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 Wheelchair Evaluation and Prescription
 Clinic Name:
 Location:

Patient Information:
 Date: 1/8/2018
 Name: Jenny Lin DOB: 8/18/1988 Age: 29 Sex: Female
 Address: 444 Main Street City: Houston State: TX Zip: 77001
 Phone: 701-867-5398 Contact Person: Self E-mail: n/a
 Primary Insurance: Medicare Secondary: Medicaid Tertiary:
 Reason For Referral: Pt. requires mobility evaluation following acute SCI, she has only had a rental chair for the past 2 years
 Patient Goals: "My therapist told me I need to have a better wheelchair"
 Caregiver Goals: From father: "We just want her to be as independent as possible"

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Supplier: ABC123USA ATP: Barry Zed Phone: 115-555-1111 E-Mail: barry@abc123.com
 Team members present: Client, client's father, supplier, seating clinician
 Evaluating Clinician: Joe Dunn

Social History:
 Home environment: Home / Apartment / SNF/Assisted Living Rent/Own
 Lives with: Alone/Caregiver / Family Lives in basement of apartment of parents home
 Home is accessible to patient: Yes / No
 Ramped entry or can be modified: Entry accessible to wheelchair, but client cannot access kitchen sink, refrigerator, or bathtub due to wheelchair configuration
 Hours of Caregiver assist:
 Hours spent alone: 2-4 hours
 Transportation: Car, parents load wheelchair into trunk of car
 Employment/School: Client has 2 years left of an accounting degree and would like to return to school to complete. Has taken one online class, but cannot tolerate sitting in chair for longer durations required for additional courses.
 Terrain encountered: Thresholds, carpet, sidewalks, cross walks
 Communication: WFL for receptive and expressive, Primary language: English

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Medical Status:

Primary Diagnosis: Paraplegia ICD-10: G82.82

Secondary Diagnoses: List all with ICD-10: Postural Asymmetries: Abnormal Posture: R29.3; Shoulder pain: M25.511

Height: 66"

Weight: 165 lbs Recent Changes: Lost 20 lbs first year post injury; Stable since 2017.

Medical History (include dates of onset):
Ms. Lin presents with T10 paraplegia following MVA where she was an unrestrained passenger. Harrington Rod stabilization T7-T12
No motor or sensory sparing below L01. Hx of stage 2 pressure injury at sacrum which healed in September 2016.

Surgical History: None in addition to initial stabilization

Medications: _____

Upcoming procedures: none scheduled

Pain: R shoulder 5/10 at rest and increases with transfers and propulsion

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Review of systems:

Musculoskeletal:

Posture: Posterior pelvic tilt with thoracic kyphosis; flexible and reducible with appropriate external support

Pelvis: Flexible posterior pelvic tilt

Trunk: Flexible thoracic kyphosis; reducible with external support

Head: Good head control

UE:

Shoulder: R shoulder elevation

Elbow: WFL

Wrist: WFL

Handedness: R

LE:

Hip: Windswept to right; flexible and corrects with external support

Knee: WFL

Ankle/Foot: Decreased Dorsiflexion on R; requires angle adjustable footplate

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Hip R.O.M. / Strength				
	WFL	Right Limits	Left Limits	R/L Strength
Hip Flex	x			R <u>0</u> / S <u>0</u> / L <u>0</u> / S
Hip Ext	x			R <u>0</u> / S <u>0</u> / L <u>0</u> / S
Hip Abd	x			R <u>0</u> / S <u>0</u> / L <u>0</u> / S
Hip Add	x			R <u>0</u> / S <u>0</u> / L <u>0</u> / S

Knee/Ankle ROM / Strength				
	WFL	ROM	Strength	
Knee ext	x		R <u>0</u> / S <u>0</u> / L <u>0</u> / S	
Knee flex	x		R <u>0</u> / S <u>0</u> / L <u>0</u> / S	
Dorsi	x		R <u>0</u> / S <u>0</u> / L <u>0</u> / S	
Plantar	x		R <u>0</u> / S <u>0</u> / L <u>0</u> / S	

R.O.M and Strength for UE:

	WFL	Right Limits	Left Limits	R/L Strength
Shoulder Flex		90	WFL	R <u>0</u> / S <u>0</u> / L <u>0</u> / S
Shoulder Abd		90	WFL	R <u>0</u> / S <u>0</u> / L <u>0</u> / S
Shoulder Add	X			R <u>0</u> / S <u>0</u> / L <u>0</u> / S
Elbow Flex	X			R <u>0</u> / S <u>0</u> / L <u>0</u> / S
Elbow Ext	X			R <u>0</u> / S <u>0</u> / L <u>0</u> / S

Comments: _____

Pain with R shoulder abduction and extension beyond 90 and with resistance

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Neuromuscular:Spasticity/Tone: LEs Flaccid, UEs NormalHead Control: WNLSeated balance: Uses UEs for balance in sittingStanding balance: Not applicable, unable to stand due to paraplegia

Reflexes: _____

Sensation: Absent T9 dermatome and belowSeizures: None**Cognitive:**A&O x 4: Yes

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GI/Urological:Bladder: Intermittent Catheterization for bladder managementBowel: Performs daily bowel programEquipment: raised commode, shower chair - padded**Integumentary:**

Edema: R UE: _____ L UE: _____ R LE: _____ L LE: _____

<input type="checkbox"/> 1+	Minimally detectable impression when finger is pressed into skin.
<input type="checkbox"/> 2+	Slight indentation, 15 seconds to rebound.
<input type="checkbox"/> 3+	Deeper indentation, 30 seconds to rebound.
<input type="checkbox"/> 4+	>30 seconds to rebound.

Current: NonePast: Stage 2 pressure injury at sacrum 4/2016, healed 9/2016Surgical: NoneBraden Scale for Predicting Pressure Sore Risk: 17, mild risk

(6-9: Very High Risk; 10-12: High Risk; 13-14: Moderate Risk; 15-18: Mild Risk; 19-23: No Risk)

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Current Equipment:Type: Wheelchairs R Us, Basic (18x18)Age: 2 yearsCondition: Insufficient for functional mobilityPrevious coverage source: Discharged from hospital with it, Had private insurance but was never billed.

Orthotics/Prosthetics: _____

Hours used per day: a fewWhat works about equipment: Nothing at this timeWhat needs to change: Insufficient support (slung back and upholstery), seat slope, and stability as well as inability to manage components independently.

4

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Is the current mobility device meeting medical necessity: Yes ☒ No ☐ Causing windswept posture, postural instability, and pain.

Sitting tolerance: Current: 5 hours/day Goal with new equipment: 10-12 hours/day

Functional Status:

MRADLs: Requires min-mod assist with MRADLs in current equipment

Equipment Required: Optimally configured ultra light weight manual wheelchair

Bed Mobility: Independent

Transfers: Requires Mod A due to wheelchair arm rests, leg rests, and wheel locks not functional

Equipment Required: manual wheelchair, transfer board, padded tub bench, raised commode

Ambulation: Unable to ambulate due to paraplegia

Wheeled Mobility: Currently only able to self-propel 20 feet per bout due to pain, loss of balance, and improper fit of chair.
Dependent for advanced skills such as thresholds and wheelie skills.

Weight shifts: Forward lean and Depression

Other: _____

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Equipment trials:

Client tried K0004, K0005 folding and K0005 manual wheelchair during clinical evaluation.

Forward functional reach: can reach 2" forward past knees in a K0004 in loaner chair and 6" in K0005 demo chair

Also transferred independently from bed and tub bench with K0005 vs Mod A with K0004 loaner chair.

Ruling out least costly equipment:

A K0001-K0004 manual wheelchair is also not appropriate due to pain with propulsion and the inability to perform threshold negotiation and wheelie skills.

Willingness to use recommended equipment:

Pt verbalizes the desire and goal to use recommended equipment.

Ms. Lin requires this rigid frame ultralight weight wheelchair for independence with transfers including lower extremity management and tub bench transfers. She also has a goal to increase independence with meal preparation and household duties, which is very difficult in her current wheelchair.

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Justification of Medical Necessity:

Base: K0005 required to meet 18" x 15.5" STF height, front seat taper, and increased anterior stability. She also has a goal of sitting in her MWC 15 hours, which she cannot do in her K0004 due to pain and instability.

Seating system: _____

PWC: Power seat functions: _____

Power Assist: _____

Backrest: Solid, angle adjustable backrest, required for stability and to improve static sitting posture with flexible thoracic kyphosis

Cushion: required for prevention of future pressure injury due to lack of sensation and history of stage 2 PI in the past.

Upper Extremity: _____

Lower Extremity: Angle adjustable footplate required to accommodate decreased dorsiflexion in R ankle

Trunk supports: Angle adjustable back canes required to improve stability and adjust for kyphotic posture

Head support: _____

Positioning straps: Velcro lap belt required for pelvic stability

Electronics: _____

MWC: Handrims/casters/wheels/tires: Spinnering Carbon Core wheels and schwalbe tires required for reduction in weight for loading the chair into the vehicle as well as improving wheelchair propulsion efficiency.

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Duration of need: Lifetime of equipment _____

Summary/Assessment (You may also attach clinic note):

Ms. Lin is needs a K0005 wheelchair. She needs K0005 chair because it is lighter weight to put into a car. She also likes the way it feels when pushing. The K0005 MWC is the best configuration because it reduces shoulder strain.

STG:

1. Pt will demonstrate improved shoulder pain, reducing from a 5/10 to a 3/10 during propulsion of custom K0005 ultralightweight MWC.
2. Pt will demonstrate the ability to transfer to and from bed independently upon delivery of K0005 ultralightweight MWC.

LTG:

1. Pt will demonstrate loading and unloading her rigid K0005 MWC with Modified independence into her Ford Taurus in 2 visits.
2. Ms. Lin will demonstrate improved wheelchair propulsion skills by performing 2" threshold negotiation independently in 2 visits.

Plan:

Pt will return for initial delivery and fitting and then two additional sessions for follow-up and training as well as wheelchair mobility training.

Once shoulder pain is managed with positioning and appropriate equipment, she would like to return back to school and take her drivers evaluation.

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CORRECTED/APPROVED Summary

Summary/Assessment (You may also attach clinic note):

Wheelchair propulsion test (10m): K0004: 72 seconds with 36 strokes; K0005: 33 seconds with 7 strokes (see MPT tests attached)

Ms. Lin is unable to self-propel a K0004 lightweight manual wheelchair for functional mobility, as evidenced by her current 2 year old K0004 chair limiting her mobility, postural support, and propulsion. Based on the evaluation completed, her seated functional reach in the K0005 demo increased due to increased pelvic stability, increased anterior stability, as well as improving her transfer status and propulsion with rigid frame construction.

Based on WST-M, client is unable to negotiate 2" thresholds independently due to the non-adjustable rear axle. Being able to complete this activity is essential as she has a 2" threshold in her home and bedroom. Client is also unable to perform a wheelie (raising casters off the ground) in K0004.

This skill is required for turn negotiation, negotiating over the thick carpet in her home as well as any uneven terrain. Total propulsion effectiveness increased.

STG: from 0.912 ft/cycle to 4.69 ft/cycle in the K0005 demo chair.

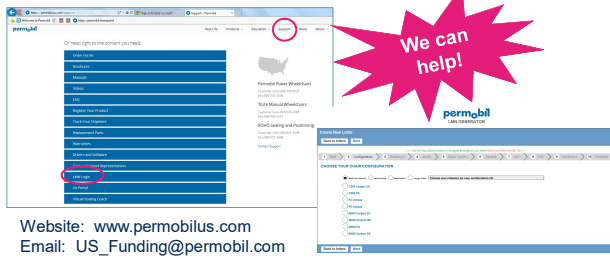
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5 Key Criteria for Manual Wheelchair LMN

1. Does not state that the client requires K0005 full-time
2. States dorsiflexion is WFL but asking for angle adjustable footplate.
3. Equipment trials do not have any objective measures to show why K0004 is not appropriate, no WPT.
4. K0005 justification only talks about benefits, not why K0001-K0004 cannot meet needs
5. Summary/Assessment only discusses vehicle transfers and that she "likes" the K0005 vs objective measures and clinical evaluation results.

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Funding Information & Resources



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Summary

- Key team members:
 - ATP
 - Physician
 - Clinician
 - Client
- Assessment and justification can be one document
- You must connect the dots!



Summary

- Justification should:
 - Be personalized
 - Include objective measures
 - Include why you selected the intervention
 - Rule out non-functional equipment
 - Identify Client willingness to use equipment



Summary

- Seating components have diagnosis driven coverage criteria
- Manual wheelchair coverage criteria based on functional need
- Group 3 power wheelchair coverage criteria based on neurologic diagnosis and functional need

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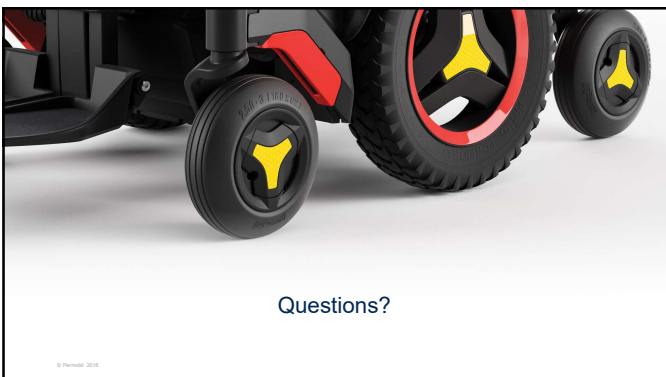


Summary

- Utilize resources!


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Questions?


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Online Assessment Info

Must sign the sign-in sheet
 Without sign in/out, NO CEUs can be issued
 Online assessment is active for 2 weeks
If not complete within 2 weeks, No CEUs will be issued
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Assessments

Date/Time	Course Topic	Presenter	Location	
01/10/2018	Moving Forward Together	Curtis Merring, OTR, MDT	Dallas, TX	Take Assessment
01/10/2018	CEU Assessment	Darren Hammond, PT, MPT, CWS	Visalia, CA	Take Assessment
01/11/2018	Fitting the Wheelchair Like a Prosthetic	Curtis Merring, OTR, MDT	Dallas, TX	Take Assessment

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Thank you

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