

Dept. of Physical Medicine & Rehabilitation,
Univ. of Pittsburgh Medical Center

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**Medical Director,
UPMC Center for Assistive Technology**

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Physician Documentation for Mobility Assistive Equipment

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Reference

Dicianno BE, Tovey E. Power Mobility Device Provision: Understanding Medicare Guidelines and Advocating for Clients. *Archives of Physical Medicine and Rehabilitation*. 2007;88(6):807-816.

Contains sample letter, in depth discussion of pitfalls in documentation.

Tips for MD documentation

- Chief complaint: mobility device evaluation
- HPI:
 - Falls
 - difficulty with propulsion, shoulder pain
 - repair issues, age of device
 - Trouble with positioning or transfers
 - Need to cath in reclined position
 - discomfort

History

- Alternatives tried
 - Treatment for chronic pain
 - Interventional procedures
 - Oral spasticity medications
 - Skin care, wound reconstruction
 - Edema garments

History

- Past Medical History
 - COPD
 - Heart disease
 - Rotator cuff pathology
 - Carpal Tunnel syndrome
 - Neuropathies
 - Stroke, hemiparesis
 - Neurogenic bowel or bladder

History

- Functional History
 - Reason why ambulation is not functional
 - Endurance
 - Spasticity
 - Weakness
 - Falls
 - Balance
 - Sensation
 - What ADLs can be improved with better mobility
 - Child care, obtaining mail, emergency egress, laundry

History

- Functional History
 - Bracing
 - Assistive Devices
 - Prostheses
 - Previous Rehabilitation Measures

History

- Medications
 - Anti-spasticity
 - Analgesics

Med list gives you clues to PMH

History

- Review of Systems
 - Pain
 - Skin issues
 - Bowel/bladder
 - Vision
 - Shoulders
 - Weight

Exam

- Physical Exam
 - General
 - Heart/Lungs
 - Abdomen
 - Musculoskeletal
 - Spinal Alignment
 - Mat eval +/- therapist
 - Neuro including Gait
 - Skin

Assessment

- Diagnoses including new exam findings
- Type of PMD recommended
- Justify type and other lesser alternatives
 - Repairs
 - Progressive disease
 - Cannot ambulate with devices
 - Why cannot propel chair
 - Why scooter may not be appropriate
 - Why power features are necessary
 - Quote RESNA papers

RESNA Position Papers

- Explanation of Position Papers
- RESNA Position on Seat Elevation
- RESNA Position on Wheelchair Stenders
- RESNA Position on Tilt, Recline, & Elevating Legrests
- RESNA Position on Pediatric Power Mobility

○ Available at: www.rstce.pitt.edu

Plan

I will work along with an OT/PT to complete a functional mobility assessment. Specs will be determined based on this assessment.

The supplier will perform a home assessment if needed.

Length of need is

- 99 months/lifetime due to the nature of the diagnoses
- XX months due to...

Carbon copy Referring MD and PCP

Billing

- Physician Visit
 - New/Return
 - Consult/Office Visit
- G code

G0372 Code

- Blue Shield plans \$25
- Medicare and Medicare Plans \$6.43-8.04
 - (UPMC, Gateway, Security Blue)
- UPMC HMO pays \$27.45
- MA and MA products \$0
- We get paid on about 60% of those we bill

Reviewing complete letter

- Therapist and physician exams are comprehensive
- Paints a picture of functional abilities and deficits
- Rationale for ruled-out alternatives appropriately justified
- Correct medical terminology used in letter (rather than lay terms)

Contact Me

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