Physician Documentation for Mobility Assistive Equipment

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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

Past Medical History

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

Alternatives tried

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

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

Reference


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

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

- Medications
  - Anti-spasticity
  - Analgesics

  Med list gives you clues to PMH

**History**

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

- 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 Standers
- 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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