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

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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

OChief complaint: mobility device evaluation

OHPI:

- Falls
- a 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

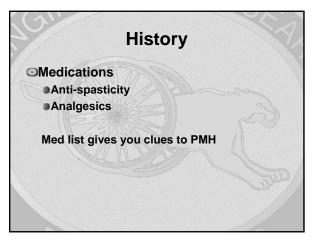
- **COPD**
- Heart disease
- Rotator cuff pathology
- Carpal Tunnel syndrome
- Neuropathies
- Stroke, hemiparesis
- Neurogenic bowel or bladder

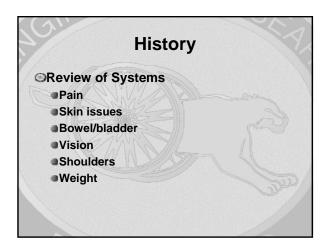
History

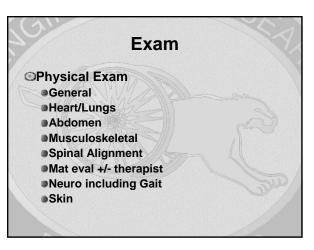
©Functional History

- 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 Bracing Assistive Devices Prostheses Previous Rehabilitation Measures



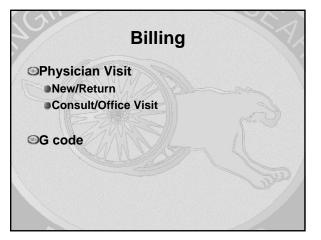




Assessment Diagnoses including new exam findings Type of PMD recommended Justify type and other lesser alternatives Repairs Progressive disease Cannot ambulate with devices Why cannot propel chair Why scooter may not be appropriate Why power features are necessary Quote RESNA papers

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 9 99 months/lifetime due to the nature of the diagnoses XX months due to... Carbon copy Referring MD and PCP



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)

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