


**Driving
Documentation
Compliance**

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AAHomecare,
June 18, 2009

Documentation


- **Elimination of the CMN**
- **Replaced with “Documentation in the Patient’s Medical Record”;**
 - Office
 - Hospital
 - Nursing Home
 - Homecare Agency/Provider

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2007 Region A Audit K0823
<http://www.tricenturion.com/content/pcalpet.cfm>

86% of Claims Denied

- 39% because of no documentation
- 61% documentation did not comply with LCD
 - Not documented F2F was for Mobility Examination
 - Functional limitations no documented in F2F
 - Supplier attestation not supported by Medical Record
 - Supplier generated forms
 - No verification order received within 45 days

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Physician Order

Seven Elements:

1. Beneficiary's Name
2. Description of Item Being Ordered (Generic)
3. Date of Face-to-Face Exam
4. Pertinent diagnoses/conditions that relate to the need for the PMD
5. Length of Need
6. Physician Signature
7. Date of Physician Signature

Basic Documentation

1) Symptoms

2) Related diagnoses

3) History

- How long the condition has been present
- Clinical progression
- Interventions that have been tried and the results
- Past use of walker, manual wheelchair, POV, or power wheelchair and the results

Basic Documentation

4) Physical exam

- Height & Weight
- Impairment of strength, range of motion, sensation, or coordination of arms and legs
- Presence of abnormal tone or deformity of arms, legs, or trunk
- Neck, trunk, and pelvic posture and flexibility
- Sitting and standing balance

Basic Documentation

5) Functional assessment

- Any problems with performing the following activities including the need to use a cane, walker, or the assistance of another person
 - Transferring between a bed, chair, and PMD
 - Walking around their home to bathroom, kitchen, living room, etc.
 - provide information on distance walked, speed, and balance

Questions to Consider

CMS/DMERC Letter to Physicians October 2005

- What is this patient's [mobility limitation](#) and how does it interfere with the performance of [activities of daily living](#)?
- Why can't a [cane, walker, or any type of manual wheelchair](#) meet this patient's mobility needs in the [home](#)?
- For a POV/scooter, does this patient have the [physical and mental abilities to transfer](#) into a POV and to operate it safely in the [home](#)?
- For a PWC, [why can't a POV](#) meet this patient's mobility needs in the [home](#)?
- For a PWC, does this patient have the [physical and mental abilities](#) to operate a PWC safely in the [home](#)?



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Basic Coverage for PMDs

(K0800-K0898)

A) Impairment in one or more MRADL in the home

A mobility limitation is one that:

- Prevents the patient from accomplishing an MRADL entirely, **(INDEPENDENCE)** or
- Reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL **(SAFETY)**; or
- Unable to complete MRADL within a reasonable time frame **(QUALITY)**



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Jane Doe



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Intro Paragraph

We had the pleasure of seeing Jane Doe for a comprehensive Mobility Assistive Equipment (MAE) evaluation. She is a 66 year old female with history of multiple strokes and TIAs with left hemiparesis, severe Peripheral Vascular Disease, Peripheral Neuropathy, cardiac insufficiency, arthritis in spine, hips and knees. She currently uses a wheeled walker or cane for mobility and reports that she falls about once per week of which some falls require emergency room care.



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What we Recommend

Our interdisciplinary team assessment of Jane's seating and mobility needs determined that the Pride J600 Group 2 power wheelchair with a power seat elevator is the most reasonable and cost effective alternative in meeting her needs. This equipment was chosen over other alternatives because it meets her mobility needs and will maneuver in her home to perform mobility related activities of daily living in a more independent, safe, and efficient manner than her current means of mobility.



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Why Does She Need It?

- She cannot ambulate even with the use of an assistive device (including cane or walker) due to poor balance and repeated falls.
- She does not have sufficient upper extremity function to self-propel an optimally configured manual wheelchair due to hemiplegia, arthritis, and cardiac insufficiency.



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Why Does She Need It?

- She is not a candidate for a scooter as she would not be able to maneuver it in her home per a home assessment by the supplier. It would also be difficult for her to operate the tiller controller due to upper extremity weakness.
- The use of a powered mobility device will significantly improve her ability to participate in mobility related activities of daily living and she has not expressed an unwillingness to use one.



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Why Else Does She Need It?

- She is not a candidate for a Group 1 power wheelchair as she will use the device continuously throughout the day as well as on surfaces that a Group 1 power wheelchair is not designed for.
- She also requires a seat elevator which is not available on a Group 1 power wheelchair.
- A group 2 single power option power option power wheelchair is therefore the most cost-effect option.



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Why a Seat Elevator?

- A seat elevator is needed as it will allow her to transfer more independently, safely, and efficiently by being able to raise the seat to stand as she has difficulty pushing up from a low seat to floor height.
- Likewise, it will also allow her to reach and carry out tasks at different surface heights given she has difficulty standing to counter height activities and has upper extremity weakness.



Why a Seat Elevator?

- Her need for a seat elevator is also consistent with Rehabilitation Engineering & Assistive Technology Society of North America's (RESNA) Position Paper on Seat Elevating Devices.



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Next Paragraph

Please refer to the attached chart notes including physician and therapy assessments for details as needed.

Also attached is a copy of the detailed product description from Johnny Doright, ATP of ACME Seating & Mobility and prescription (seven element physician order) for this device.



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What if He Doesn't Get it?

Without this device Jane will have no safe, effective, or independent means of mobility or function either within her home or in the community.

She would therefore be at risk for decreased ability to participate in any meaningful mobility related activities of daily living such as getting to the kitchen for meal preparation, dining room for eating, or bathroom for toileting.

Also without the use of this device Jane will be at significant risk for falls resulting in costly medical interventions.

Clinical Form

- Physician Face to Face Evaluation Date: May 1, 2009
- Therapy Evaluation Date: May 1, 2009
- Supplier Home Evaluation Date: May 14, 2009
- Date Specifications Received: May 31, 2009
- Date Report Completed: June 15, 2009
- Date Report Signed by Physician: June 20, 2009



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Clinical Intake Form

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• NAME:• MEDICAL RECORD NUMBER:• ADDRESS:• TELEPHONE NUMBER:• EMAIL ADDRESS:• DATE OF BIRTH:• AGE:• DIAGNOSES (ICD-9s):• REFERRAL SOURCE:• PRIMARY CARE PHYSICIAN & ADDRESS:• REASON FOR REFERRAL: | <ul style="list-style-type: none">• TYPE OF CURRENT MAE:• HOURS PER DAY USING MAE:• AGE OF MAE:• PROBLEMS WITH CURRENT MAE:• HEIGHT:• WEIGHT:• PREFERRED SUPPLIER:• TRANSPORTATION RESOURCES:• EDUCATION/EMPLOYMENT:• LIVING SITUATION: |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Activities of Daily Living

- **Bath Safety Issues:** Needs moderate assistance of her attendant especially for transfers into the tub. She uses grab bars but has fallen during bathing.
- **Hygiene:** Independent seated position
- **Dressing:** Independent sitting to edge of bed
- **Self-Feeding:** Independent from seated position.



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Instrumental ADLs

- Describe below how these ADLs are performed specifically with what level of assistance, equipment used including the MAE needed to get to the place where the ADL takes place within the home or community

- Meal Preparation:
- Housecleaning:
- Managing Finances:
- Shopping:
- Medication Management:
- Laundry:
- Care of Others:

Transfer Status

- Describe the method the person transfers in and out or with the MAE from the perspective of independence, safety, and quality
- ***“Independent stand and pivot however observed difficulty with sit to stand.”***



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Weight Shifts

- Describe whether the person is able to perform an effective weight shift or reposition themselves to address pressure management and comfort needs.

“Able to perform functional weight shifts and has sensation in buttocks with no history of skin breakdown.”



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Functional Mobility

- Ability to ambulate (propel MWC) from an independence, safety, and quality perspective.

Defined As:

- The ability to walk consistently, safely and sufficiently to carry out all of the beneficiary's typical daily functions and activities.
- The inability to functionally ambulate (propel) may be caused by one or more medical conditions causing pain or impairing strength, endurance, coordination, balance, speed of execution, sensation or joint range of motion sufficiently to prohibit functional ambulation

Functional Mobility

- She has a history of multiple falls (once pe week) requiring ER care.
- She has poor sensation in her feet which affects her balance.
- She has pain in both hips & knee, and weakness in her left lower extremity due to CVAs.
- Her Timed Up & Go Test took her 90 seconds to to stand, walk 3 meters, turn around, walk 3 meters, and sit using a walker. This laces her in the non-functional mobility category with a high risk for falls.



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Timed Up & Go (TUG) Test

- Sit in Arm Chair
- Get up & Walk 3 meters
- Turn Around, Come Back, & Sit Down

- < 10 secs = normal
- < 20 secs = good mobility, can go out alone, mobile without a gait aid.
- < 30 secs = problems, cannot go outside alone, requires a gait aid
- ≤ 14 secs = high risk for falls

Podsiadlo & Richardson, 1991; Shumway-Cook, Brauer, & Woollacott, 2000)

Timed Up & Go (TUG) Test



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Functioning Everyday with a Wheelchair

(Mills et al, 2007) www.few.pitt.edu

- Durability/Reliability
- Comfort
- Health Needs
- Operate
- Reach

- Transfers
- Personal Care
- Indoor Mobility
- Outdoor mobility
- Transport



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Indoor Mobility



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Outdoor Mobility



Home Accessibility

- Describe any initial reported issues with steps, maneuvering space, doorways, etc. Mention to refer to supplier home assessment.

“Reports first floor set-up. Refer to supplier home assessment below.”

Physical Motor Assessment



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Physical Motor Assessment

- **UPPER EXTREMITY FUNCTION:** Muscle strength;
 - Left hand 4-/5, left biceps 4-/5, left triceps 4-/5, Deltoids 3/5.
 - Right hand 4+/5, right biceps 4+/5, right triceps 4+/5, deltoids 2/5.
 - Pain in bilateral shoulder with flexion. Decreased sensation bilateral in hands due to carpal tunnel syndrome.
- **LOWER EXTREMITY FUNCTION:** Muscle strength; Left quadriceps 4-/5, left hamstring 4-/5, left dorsiflexor 4-/5, left plantar flexor 4-/5, Right quadriceps 4+/5, left hamstring 4+/5, left dorsiflexor 4+/5, left plantar flexor 4+/5. Pain in both hip & knee, more in left side. Less sensation in both feet, edema in both feet
- **POSTURE (SITTING & SUPINE):** Symmetrical sitting with no skin breakdown

Physician Assessment

- Chief Complaint/Reason for Visit
- Past Medical & Surgical Hx
- Functional Hx
- Review of Systems/Physical Exam
- Assessment
- Plan

(see sample documents for details)

Goals for New MAE

- Have client state what they are looking for in a new MAE device such as what they want it to do to address their problems or allow them to participate in MRADLs
1. Independent, safe and functional mobility within the home
 2. Stop falling
 3. Increase mobility and functional for activities at home and in the community
 4. Allow for increased participation in family activities.

Devices Tried



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Devices Tried

“Jane was provided with an opportunity to try an J600 Group 2 power wheelchair with power seat elevator. She was able to drive the systems in a safe and effective manner within the clinic, corridors as well as maneuver in tight spaces such as the bathroom and elevator.”



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Client Impressions

“Jane reported that he was satisfied with the performance of the J600 power wheelchair with a power seat elevator and wishes to pursue it as a reasonable alternative for safe and effective mobility within the home and community.”



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Supplier Home Assessment

A visit to the home was conducted by Johnny Doright, ATP of ACME Seating & Mobility on May 14, 2009. Reports from the visit indicate that the J600 is compatible and will fit within the environment. She resides in a 2-story home with an open first floor set-up. There is one step to enter that was modified with a ramp which the J600 was able to negotiate. She was able to maneuver the J600 in the kitchen, living room, dining area, and pantry. She is able to pull up to the powder room and stand pivot transfer to the toilet supporting herself on the vanity.



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Recommendations

- **Mobility Assistive Equipment:** J600 Group 2 power wheelchair with power seat elevator
- **Supplier:** Johnny Doright, ATP, CRTS of ACME Seating & Mobility
- **Estimated Length of Need:** 99 months/lifetime



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Specifications & Justification

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Cushion• Lap Belt• Seat Functions• Seat Elevator• Foot/Leg Support• Backrest• Arm Support | <ul style="list-style-type: none">• Head Support• Tires• Anti-tippers• Transport securement• Batteries• Controller |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



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Implementation Plan

- The specifications of this prescription will be submitted to Jane's primary care physician and insurance carrier for authorization. Upon approval the specifications will be provided by Johnny Dorigt, ATP - Supplier and delivered to the Center for Assistive Technology for fitting and delivery. Upon delivery, she will be trained in the use of the mobility device and will demonstrate safe and effective use. In addition, she will be given information about its maintenance. Follow-up appointments will be scheduled as needed to modify the equipment as well as to verify that it continues to meet her needs.



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Conclusion

- Questions
- Go to www.rstce.pitt.edu
 - Additional information;
 - Resources
 - Webinars
 - Downloads



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