

# Mobility Documentation



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## Learning Objectives

- Identify key requirements that must be clearly documented in the wheelchair evaluation with consideration of health insurance reimbursement
- Recognize how health insurers think and how to speak (write) their language so they understand what you see in your patient
- Connect the dots in the wheelchair evaluation to ensure your patient receives the medically necessary product in a timely manner



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## What's the Goal...

- Rehabilitate patients to not require medical equipment
- Select the most appropriate Mobility Assistive Equipment (MAE) for the patient's r
- **Provide documentation for third party payers** in order for patient's to receive medically necessary equipment in a timely manner with the least amount of financial liability as possible
- Be **EFFICIENT/effective** in providing the required documentation
  - For your productivity
  - For timely delivery of necessary product (provider **CAN'T** deliver unless it is **RIGHT**)
  - Patient isn't held financially liable **OR** are not able to retain the medically necessary equipment
  - Provider could receive payment for their services to be able to continue servicing patients in the future

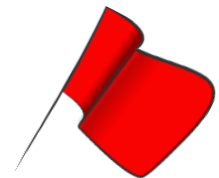


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## Common Scenario - Addendum / Amendment

- The DME provider obtains the documentation for a mobility device (physician chart note and the therapist evaluation) but something is missing?
- The provider contacts the physician / therapist and explains that the documentation provided does not justify the need for the items ordered.
- The physician / therapist says, "What do you need, please tell me and I'll write and **Addendum** OR can you write it for me?"
- This is **WORST CASE SCENARIO!**
- Medicare and other payer do **NOT** like addendums (immediate **RED FLAG**)
- **AND** it's **INEFFICIENT TO REDO WORK**



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## Addendum / Amendment

How to best handle an addendum/amendment?

**AVOID them if possible!**

- Understand what is required by each payer (keep it consistent if possible)
- Cheat sheets (condensed guides)



**It is better for everyone if it is done correct the first time!**

- ✓ Patient - Timely Delivery
- ✓ Clinicians - More Efficient
- ✓ Get YOUR LIFE Back
- ✓ Provider - Payment for Product and Services

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## Addendum / Amendment

BUT if an addendum is necessary, please follow these recording keeping principals so the addendum is accepted:

### CMS' Recordkeeping Principles

Regardless of whether a documentation submission originates from a paper record or an electronic health record, documents submitted to MACs, CERT, Recovery Auditors, and ZPICs containing amendments, corrections or addenda must:

1. Clearly and permanently identify any amendment, correction or delayed entry as such, and
2. Clearly indicate the date and author of any amendment, correction or delayed entry, and
3. Clearly identify all original content, without deletion.

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## Least Costly Alternative

Authorize the least costly medically appropriate alternative to the item being ordered.

In other words all items that cost less must be tried and failed OR considered and ruled out.



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## Medical Necessity

- Unsafe or unreasonable and the reason why (be specific)
- The WHY is CRITICAL
- All least costly alternatives either **tried and failed** (with reason) or **considered and ruled out** (with reason)



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## Medical Necessity Documentation



### Treating Practitioner (Face to Face Exam)

- Diagnosis responsible for the mobility limitation
- Symptoms affecting mobility
- MRADLs that are being affected by the mobility limitation
- Ambulatory status
- Routine physical exam (height, weight, vitals)

### Wheelchair Evaluation (LCMP) / Treating Practitioner

- Addressing **ALL least costly alternatives** (cane/walker, manual wheelchairs, scooters, power wheelchairs) with **objective measurements** (manual muscle test, ROM, SAT, pain, endurance, etc.)
- AND document the medical necessity for ALL accessories (tilt and or recline, upgraded electronics, skin / positioning cushion, swing away mounting hardware, etc.)

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## 9 Step Mobility Assistive Equipment (MAE) Algorithm

### Step 1

Does the beneficiary have a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living in the home?

A mobility limitation is one that:

- Prevents the beneficiary from accomplishing the mobility-related activities of daily living entirely, or
- Places the beneficiary at reasonably determined **heightened risk of morbidity or mortality** secondary to the attempts to participate in mobility-related activities of daily living, or
- Prevents the beneficiary from completing the mobility-related activities of daily living within a **reasonable time frame**.



NO Patient DOES NOT Qualify for MAE

YES



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## 9 Step MAE Algorithm

### Step 2

Are there other conditions that limit the beneficiary's ability to participate in MRADLs at home?

*Some examples are significant impairment of cognition or judgment and/or vision.*

*For these beneficiaries, the provision of MAE might not enable them to participate in MRADLs if the comorbidity prevents effective use of the wheelchair or reasonable completion of the tasks even with MAE.*



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## 9 Step MAE Algorithm

### Step 3

If these other limitations exist, can they **be ameliorated or compensated** sufficiently such that the additional provision of MAE will be reasonably expected to significantly improve the beneficiary's ability to perform or obtain assistance to participate in MRADLs in the home?

The beneficiary has the mental and physical capabilities to safely operate the power wheelchair that is provided; OR

**If the beneficiary is unable to safely operate the power wheelchair, the beneficiary has a caregiver who is unable to adequately propel an optimally configured manual wheelchair, but is available, willing, and able to safely operate the power wheelchair that is provided; and**



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## 9 Step MAE Algorithm


### Step 4

Does the beneficiary or caregiver demonstrate the capability and the willingness to consistently operate the MAE safely?

*Safety considerations include personal risk to the beneficiary as well as risk to others. The determination of safety may need to occur several times during the process as the consideration focuses on a specific device.*

*A history of unsafe behavior in other venues may be considered.*

YES  
GO 

NO  
Patient DOES NOT Qualify for MAE  


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## 9 Step MAE Algorithm

### Step 5

Can the functional mobility deficit be sufficiently resolved by the prescription of a cane or walker? (IN THE HOME)

*Assess the beneficiary's ability to safely use a cane or walker.*

NO  
GO 

YES Patient May Qualify for Cane / Walker



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## Step 6


## 9 Step MAE Algorithm

Does the beneficiary's typical environment support the use of wheelchairs including scooters/power-operated vehicles (POVs)?

Determine whether the beneficiary's environment will support the use of these types of MAE. (DME Supplier)

Keep in mind such factors as physical layout, surfaces, and obstacles, which may render MAE unusable in the beneficiary's home. (DME Supplier)

**ON SITE HOME ASSESSMENT (REQUIRED FOR ALL WHEELCHAIRS AND SCOOTERS)**

NO  Patient DOES NOT Qualify for MAE

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YES  
GO 

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## Step 6

DME is covered by **Medicare Part B** when needed in the **HOME**

What is considered **HOME** according to Medicare?

- SNF (31/32) - Yes or No
- Hospital - Yes or No
- Assisted Living Facility (13) - Yes or No
- Group Home (14) - Yes or No
- Custodial Care (33) - Yes or No
- Intermediate Care Facility (54) - Yes or No
- Homeless Shelter (4) - Yes or No



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**Step 6**

***SNF Can NEVER be considered the HOME regardless of who is paying for the stay***

Section 1861(n) of the Act limits Part B coverage under the DME benefit to those items that are furnished for use in a patient's home. This provision further specifies that any institution meeting the basic definition of a hospital in Section 1861(e)(1) of the Act, or of an SNF in Section 1819(a)(1) of the Act, cannot be considered a patient's "home" for this purpose. Section 1819(a)(1) (formerly Section 1861(j)(1)) of the Act, in turn, defines an "SNF" broadly as any institution that is primarily engaged in providing skilled nursing (clause (A)) or rehabilitation services (clause (B)) to its residents.

This expansive SNF definition omits the specific, more restrictive elements contained in the remainder of Sections 1819(a)-(d) of the Act, which list the detailed requirements that an institution must meet in order to participate in the Medicare program as a *certified* SNF. Thus, in excluding Part B coverage for DME furnished in "SNFs" as defined broadly in Section 1819(a)(1) of the Act, Congress intended for this exclusion to encompass not only all *Medicare-participating* SNFs, but also any other institutions which, though not participating in Medicare, do provide the type of care described in that section of the law. This policy is also reflected in the regulations in title 42 of the Code of Federal Regulations (42 CFR) at §410.38(b), and in Chapter 15, Section 110.1.D of the *Medicare Benefit Policy Manual*, which is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/index.html> on the CMS website.

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## 9 Step MAE Algorithm

**Step 6****Considerations**

- If the patient lives in an **assisted living facility (ALF)**, distance they have to walk to the dining room
- Do they eat all their meals in the dining room?
- Do they have a kitchen or small kitchenette in their apartment where they only make their breakfast only, but have lunch and dinner in the dining room?
- Many ALFs do not allow scooters in the dining room. The patient has to park their scooter outside the dining room and walk in using their cane or walker.

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**Step 7**

# 9 Step MAE Algorithm

Does the beneficiary have sufficient upper extremity function to propel a manual wheelchair **in the home (assisted living POS 14/33 is considered home)** to participate in MRADLs during a typical day? The manual wheelchair should be optimally configured (seating options, wheelbase, device weight, and other appropriate accessories) for this determination.

*Limitations of strength, endurance, range of motion, coordination, and absence or deformity in one or both upper extremities are relevant.*

Assess the beneficiary's ability to **safely** use a manual wheelchair.

**NOTE:** If the beneficiary is unable to self-propel a manual wheelchair, and if there is a caregiver who is available, willing, and able to provide assistance, a manual wheelchair may be appropriate.

**YES - Patient May Qualify for a Manual Chair**



### MANUAL MUSCLE TESTING PROCEDURES Key to Muscle Grading

	Function of the Muscle	Grade		
<b>No Movement</b>	No contractions felt in the muscle	0	0	Zero
	Tendon becomes prominent or feeble contraction felt in the muscle, but no visible movement of the part	1	1	Trace
<b>MOVEMENT IN HORIZONTAL PLANE</b>				
<b>Test Movement</b>	Moves through partial range of motion	1	2-	Poor-
	Moves through complete range of motion	2	2	Poor
	<b>ANTIGRAVITY POSITION</b>			
<b>Test Position</b>	Moves through partial range of motion	3	2+	
	Gradual release from test position	4	3-	Fair-
	Holds test position (no added pressure)	5	3	Fair
	Holds test position against slight pressure	6	3+	Fair+
	Holds test position against slight to moderate pressure	7	4-	Good-
	Holds test position against moderate pressure	8	4	Good
	Holds test position against moderate to strong pressure	9	4+	Good+
Holds test position against strong pressure	10	5	Normal	



## Step 7

## Manual Wheelchair Selection

### Standard Manual wheelchair (K0001) CR

A **standard hemi-wheelchair (K0002)** is covered when the beneficiary requires a lower seat height (17" to 18") because of short stature or to enable the beneficiary to place his/her feet on the ground for propulsion  
CR

A **lightweight wheelchair (K0003)** is covered when a beneficiary meets both criteria: Cannot self-propel in a standard wheelchair in the home; and the beneficiary can and does self-propel in a lightweight wheelchair  
CR



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## Step 7

## Manual Wheelchair Selection

A **high strength lightweight wheelchair (K0004)** is covered when a beneficiary meets the criteria in (1) or (2): The beneficiary self-propels the wheelchair while engaging in frequent activities in the home that cannot be performed in a standard or lightweight wheelchair  
CR

The beneficiary requires a seat **width, depth, or height** that cannot be accommodated in a standard, lightweight or hemi-wheelchair, and spends at least **two hours per day** in the wheelchair.

A high strength lightweight wheelchair is rarely reasonable and necessary if the expected duration of need is less than three months (e.g., post-operative recovery).



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## Manual Wheelchair Selection

### Step 7

An **ultra lightweight manual wheelchair (K0005)** is covered for a beneficiary if criteria (1) or (2) is met and (3) & (4) are met: IRP

1. The beneficiary must be a full-time manual wheelchair user OR
2. The beneficiary must require individualized fitting and adjustments for one or more features such as, but not limited to, **axle configuration**, wheel camber, or seat and back angles, and **which cannot be accommodated by a K0001 through K0004 manual wheelchair**.
3. The beneficiary must have a specialty evaluation that was performed by a licensed/certified medical professional (LCMP), such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features (see Documentation Requirements section). The LCMP may have no financial relationship with the supplier.
4. The wheelchair is provided by a Rehabilitative Technology Supplier (RTS) that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the patient.

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## Manual Wheelchair Selection

### Step 7

A **manual wheelchair with tilt in space (E1161)** will be covered if the beneficiary meets the general coverage criteria for a manual wheelchair, and if criteria (1) and (2) are met : CR

1. The beneficiary must have a specialty evaluation that was performed by a licensed/certified medical professional (LCMP), such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features (see Documentation Requirements section). The LCMP may have no financial relationship with the supplier.
2. The wheelchair is provided by a Rehabilitative Technology Supplier (RTS) that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the patient.

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## Push Rim Power Assist (E0986)

A push-rim activated power assist device (E0986) for a manual wheelchair is covered if all of the following criteria are met:

- A. All of the criteria for a power mobility device listed in the Basic Coverage Criteria section are met; **AND**
- B. The beneficiary has been self-propelling in a manual wheelchair for at least one year; **AND**
- C. The beneficiary has had a specialty evaluation that was performed by a licensed/certified medical professional, such as **a PT or OT**, or practitioner who has specific training and experience in rehabilitation wheelchair evaluations and that documents the need for the device in the beneficiary's home. The PT, OT, or practitioner may have no financial relationship with the supplier; **AND**
- D. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (**ATP**) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the beneficiary. D. If all of the coverage criteria are not met, it will be denied as not reasonable and necessary



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## 9 Step MAE Algorithm

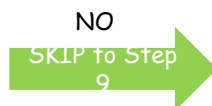
### Step 8

Does the beneficiary have sufficient strength and postural stability to operate a POV/scooter? IRP

*A POV is a 3- or 4-wheeled device with tiller steering and limited seat modification capabilities. The beneficiary must be able to maintain stability and position for adequate operation.*

*The beneficiary's home should provide adequate access, maneuvering space and surfaces for the operation of a POV.*

*Assess the beneficiary's ability to **safely** use a POV/scooter.*



YES - Patient May Qualify for a Scooter



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**Step 8****Scooter/POV Selection**

A POV (K0800-K0802) is covered if all of the basic coverage criteria have been met.

The patient is able to:

- Safely transfer to and from a POV, and
- Operate the tiller steering system, and
- Maintain postural stability and position while operating the POV in the home.
- The patient's mental capabilities (e.g., cognition, judgment) and physical capabilities (e.g., vision) are sufficient for safe mobility using a POV in the home.
- The patient's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the POV that is provided.
- The patient's weight is less than or equal to the weight capacity of the POV that is provided and greater than or equal to 95% of the weight capacity of the next lower weight class POV - i.e., a Heavy Duty POV is covered for a patient weighing 285 - 450 pounds; a Very Heavy Duty POV is covered for a patient weighing 428 - 600 pounds.
- Use of a POV will significantly improve the patient's ability to participate in MRADLs and the patient will use it in the home.
- The patient has not expressed an unwillingness to use a POV in the home.

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**Step 9****9 Step MAE Algorithm**

Are the additional features provided by a **power wheelchair** needed to allow the beneficiary to participate in one or more MRADLs?

*The pertinent features of a power wheelchair compared to a POV are typically control by a joystick or alternative input device, lower seat height for slide transfers, and the ability to accommodate a variety of seating needs.*

**NOTE:** *If the beneficiary is unable to use a power wheelchair, and if there is a caregiver who is available, willing, and able to provide assistance, a manual wheelchair is appropriate. A caregiver's inability to operate a manual wheelchair can be considered in covering a power wheelchair so that the caregiver can assist the beneficiary.*



Patient DOES NOT Qualify for Power Chair

YES Proceed to  
Determine Appropriate  
Power Chair

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## Accessories

Once the base has been determined the LCMP must address medical necessity for all separately provided accessories such as (not all inclusive)

- Cushion and back
- Power positioning (tilt, recline, tilt and recline, seat elevation, power legs)
- Swing away mounting hardware
- Angle adjustable footplate

Each separate accessory **MUST** be justified in order for insurance to pay for these!

Make the note as clear as possible the reason this specific patient requires the accessory and **NOT** only the accessory's purpose.

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## Thank You for Attending



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