

LCMP Functional Mobility Evaluation Guide

Medicare requires that patients receiving a Group 2 single power option or multiple power option power wheelchair (PWC) or any Group 3 or Group 4 PWC, or a push rim activated power assist device for a manual wheelchair have a specialty evaluation that was performed by a licensed/certified medical professional, 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. The PT, OT, or physician may have no financial relationship with the supplier.

The following is a guide to assist Physical and Occupational Therapists in documenting the medical necessity for Power Mobility Devices and related options and accessories. The following information, at a minimum, should be reported in the mobility evaluation. The written report of the evaluation should be sent back to the originating physician or treating practitioner for incorporation on the patient's medical record. (If the physician does not see the patient after reviewing the PT/OT evaluation, the physician must annotate concurrence or any disagreement with the evaluation, as well as sign and date the PT/OT report. If the physician sees the patient after reviewing the evaluation, the report of this visit should state concurrence or any disagreement with the evaluation.) Evaluations performed by physical and occupational therapists may be reimbursed by Medicare Part B when they are ordered by a physician. The billing code for an evaluation performed by a physical therapist is 97001. The billing code for an evaluation performed by an occupational therapist is 97003.

PATIENT INFORMATION

Provide the following:

Name	Medicare / Insurance #
Address	Date of Birth
Phone #	Sex / Height / Weight

THERAPIST INFORMATION

Provide the following:

Name	Referring Physician/Practitioner
Professional Title	Referral Source Phone #
License / Certification #	Date of Evaluation
Address	LCMP Signature and Date of Signature
Phone #	

MEDICAL HISTORY

Document the following:

- Symptoms
- Related diagnoses
- 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
- Physical exam
 - 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

Document the patient's current ambulatory status when performing MRADLs (Mobility Related Activities of Daily Living) such as toileting, feeding, dressing, grooming and bathing as well as any problems with performing these activities. Document any need to use a cane, walker, or the assistance of another person. Include the distance the patient is able to walk– both independently as well as with an assistive device. If physical assistance is needed, document the degree of assistance required.

MOBILITY ASSESSMENT

Each of the following criteria should be addressed in detail.

- Does the patient have mobility limitation(s) that significantly impairs their ability to perform one or more MRADLs within the home?**

Document the mobility limitation that prevents the accomplishment of the MRADLs entirely, and; why it places the patient at heightened risk of morbidity or mortality when attempting MRADLs, or; prevents the completion of MRADLs in a reasonable time frame.

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

Assess the patient's general systems (i.e. cognition, judgement, vision) and list any other condition that limits the patient's ability to participate in MRADLs in the home. 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 tasks even with MAE. If the amelioration or compensation requires the beneficiary's compliance with treatment, for example medications or therapy, substantive non-compliance, whether willing or involuntary, can be grounds for denial of MAE coverage if it results in the beneficiary continuing to have a significant limitation. It may be determined that partial compliance results in adequate amelioration or compensation for the appropriate use of DME.

□ If limitations exist, can they be compensated sufficiently such that the provision of MAE (Mobility Assistive Equipment) will be reasonably expected to significantly improve the beneficiary's ability to perform or obtain assistance to participate in MRADLs in the home?

A caregiver may be compensatory, if consistently available in the beneficiary's home and willing and able to transport the beneficiary using the wheelchair. The caregivers need to use a wheelchair to assist the beneficiary in the MRADLs is to be considered in this determination.

□ Is the patient or caregiver capable and willing to consistently operate the MAE safely in the home?

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.

□ Explain in detail whether or not the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker.

Assess the beneficiary's ability to safely use a cane or walker. The cane or walker should be appropriately fitted to the beneficiary for this evaluation.

□ Explain in detail whether or not the beneficiary has sufficient upper extremity function to propel a manual wheelchair in the 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.

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

- *What are the patient's extremity strengths? Upper and Lower*
- *What (if any) ROM limitations are listed for this patient?*
- *What is the patient's endurance level?*
- *Describe the patient's gross/fine motor coordination.*
- *Can the patient safely use a manual wheelchair?*
- *Is there is a caregiver who is available, willing and able to provide assistance?*

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

□ Assess the patient's ability to safely use a POV/Scooter.

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.

- *Does the patient have sufficient trunk strength and postural stability to operate a POV/scooter?*
- *What is the patient's ability to transfer?*

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

□ 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 controlled by a joystick or alternative input device, lower seat height for slide transfers, and the ability to accommodate a variety of seating needs. The type of wheelchair and options provided should be appropriate for the degree of the beneficiary's functional impairment, and the additional features provided by a power wheelchair must be needed to allow the beneficiary to participate in one or more Mobility Related Activities of Daily Living. The beneficiary's home should provide adequate access, maneuvering space and surfaces for the operation of a power wheelchair.

REHAB SEATING, OPTIONS & ACCESSORIES

Assess and document the medical need for any specialty seating requirements, wheelchair options, or accessories. Refer to the Quantum Rehab Product Planning & Reimbursement Guide for information on the coverage criteria and clinical benefits for specific options and accessories.

Special Seating

Explain the current limitations and any specialty seating required due to the following limitations:

Sitting Posture/Balance	Pelvic Tilt/Obliquity/Rotation	Skeletal Limitations/Deformities/Abnormalities
Lordosis/Kyphosis	Shoulder/Scapula Position	Physical Limitations/Deformities/Abnormalities
Scoliosis	Movement/Strength	Leg Position
Head Position	Tone/Spasms	

Skin Condition/Integrity

Presence or history of decubitus ulcers	Ability to Independently Perform Pressure Relief
Include Stage and Location(s)	Bowel and Bladder Management
Susceptibility to Decubitus Ulcers	
Include Stage and Location(s)	

Other Options/Accessories

Explain the need for each additional option/accessory the client will be receiving.