Principles of Seating and Wheeled Mobility
Objectives

• Participants will be able to recognize the use of at least two different mobility products.

• Participants will be able to identify the correct mobility device for three different diagnoses & medical conditions.

• Participants will be able to differentiate classifications of manual and power wheelchairs.

• Participants will be able to identify the parts of a wheelchair and the importance of setting up the wheelchair correctly to maximize function.
Seating and Mobility Goals

• Maximize function & independence
• Normalize tone/decrease spasticity
• Minimize orthopedic deformity
• Manage/prevent pressure sores
• Enhance quality of life
• Improve self image
• Increase comfort
Common Diagnoses for Children that Require Seating & Wheeled Mobility

- Cerebral Palsy
- Developmental Delay
- Spina Bifida/Myelomeningocele
- Muscular Dystrophy/SMA
- Hydrocephalus/Microcephalus
Common Diagnoses for Adults That Require Seating & Wheeled Mobility

- Spinal Cord Injury
- Traumatic Brain Injury
- Neurodegenerative Diseases
  - Amyotrophic Lateral Sclerosis
  - Muscular Dystrophy
  - Multiple Sclerosis
- CVA
- CP
Wheelchair Features:
(Common to Manual & Power Wheelchairs)

- Back Support
- Seat Cushion
- Armrest
- Axle Adjustment
- Rear Wheel
- Seat-to-floor height
- Seat Depth
- Back Height
- Seat Width
- Swingaway Footrests
- Footplates
- Front Caster
Wheelchair Features and Considerations:

- **Back height**
  - Provide adequate postural support
  - Allow for upper extremity function

- **Seat width & depth**
  - Accommodate body dimensions
  - Adequately disperse pressure
  - Provide proper support to pelvis and thighs
  - Provide comfort
  - Accessibility

- **Seat to floor height**
  - Transfers
  - Foot propulsion
  - ADLs
Back not accommodating the thoracic area
- client is extending UE, PPT to feel stable
Anterior Trunk Support stabilizes the upper body properly
Too Much Freedom
- Looking for Stability
Proper lower body support

Permission given by client
Functional Considerations

- If the skeleton has a correct position:
  - joints function smoothly
  - range of motion increases
  - muscles are used more efficiently
Wheelchair Features & Benefits:

- **Armrest Height (Adjustable)**
  - Provide proper support for upper extremities
  - Assist with postural control
  - Prevent elevation of shoulders
  - Assist with transfers and pressure relief

- **Footrest/Legrest**
  - Appropriate angle, 60, 70 or 90 degrees
  - Swingaway vs. fixed
  - Elevating legrests/edema/range-of-motion limitations
  - Angle adjustable footplates
Basic Manual Wheelchairs

- **Standard wheelchairs** (38-45lbs) for short or occasional use, limited sizes and options

- **High strength light weight** (28-36lbs) wheelchairs for moderately active lifestyles, wider range of sizes and options, more durable yet lighter frame

- **Heavy duty bariatric** (41-48lbs) wheelchairs for clients weighing over 250lbs or who demonstrate severe spasticity
Ultralight Manual Wheelchairs

- *Ultralight manual wheelchairs (20-30lbs)* are available in many sizes and have a large variety of options. They are very light in weight and durable. Additionally, the adjustable axle plates allow for:
  - Optimal placement of rear wheels for efficient propulsion
  - Adjustable seat to floor height for transfers/foot propelling
  - “Bucketing” (slightly tilting) the wheelchair frame for improved postural control/stability
Mobility Base Selection

Manual Wheelchairs
Ultra-lightweight Manual Wheelchair

The Adjustable Axle is only available on an ultra-lightweight wheelchair.
Folding vs Rigid
Tilt-in-Space Manual Wheelchairs

- *Tilt-in-space manual wheelchairs* provide the client who has poor trunk control or who is unable to reposition with the following benefits:
  - Gravity assisted positioning to enhance head and trunk control
  - Pressure relief by transferring weight from the buttocks to the trunk
  - Decrease spasticity by maintaining a fixed hip angle
Pediatric Manual Wheelchairs

- Pediatric manual wheelchairs are generally ultralight or tilt-in-space manual wheelchairs that have the additional advantage of being able to be modified for growth. This growth is accomplished in several ways:

  - The cross frames can be replaced to achieve more seat width
  - The back of the wheelchair frame can be moved posteriorly on the wheelchair frame to achieve more seat depth
  - The wheels can be moved forward or back on the wheelchair frame to adjust the center of gravity and properly position the rear wheels for efficient propulsion
Power Wheelchairs

- Indications for the use of a power wheelchair might include one or more of the following:
  - Upper extremity weakness, spasticity or paralysis
  - Limited upper extremity range-of-motion, purposeful movement, or repetitive motion disorder
  - Decreased endurance as a result of cardiac or respiratory disease
  - The need to be able to independently relieve pressure
  - Rapidly progressive disease that would result in a manual wheelchair not being a cost-effective alternative, i.e., ALS
Different types of power wheelchairs:

- Lightweight folding power wheelchairs
- Power wheelchairs with programmable electronics and specialty controllers, i.e., sip-n-puff, head control, chin control, etc.
- Power wheelchairs with power tilt-in-space, power recline, power standers and/or power seat elevators
- Heavy-duty power wheelchairs
- Mid-wheel-drive or front-wheel-drive power wheelchairs for enhanced maneuverability in small areas
- Pediatric power wheelchairs with growing frames
Power Wheelchairs

- Joystick (input device)
- Arm pad
- Arm assy
- Push handle
- Back
- Back post
- Seat with cushion
- Hanger
- Extension
- Foot plate
- Front rigging
- Seat pan
- Caster journal
- Caster fork
- Base
- Drive wheel
- Anti-tippers
Rear vs Mid vs Front Wheel Drive
Power Tilt, Recline & Combination

Power Tilt

Power Recline

**Note:** These options are only available on a programmable Power Wheelchair.
Power Tilt, Recline & Combination

Combination Power Tilt & Power Recline

Note: These options are only available on a programmable Power Wheelchair
Alternative Drive Controls

Joystick Handle Options

Mini-joystick

Switch Options

Sip - n - Puff System

Head Array System
Seating Systems

• Clients with long-term disabilities often require more aggressive support than that offered by a sling seat and back due to:
  • Weakness of trunk musculature
  • Spasticity/abnormal muscle tone
  • Orthopedic deformity of the trunk, spine and/or pelvis
Seating Systems

- Solutions to address these issues are determined on an individual basis and may include one or more of the following:
  - Adjustable back upholstery
  - Solid planar seat/back cushions
  - “Off the shelf” contoured seat/back cushions
  - “Custom contoured or molded” seat/back cushions
  - Lateral thoracic/pelvic supports that attach to the seat/back cushions or wheelchair frame
  - Anterior trunk support systems
  - Head support systems
  - Upper extremity support and positioning devices
  - Lower extremity support and positioning devices
Pressure Management

- Clients with long-term disabilities are often at high risk for pressure sores due to:
  - Absent or decreased sensation
  - An inability to reposition themselves to relieve pressure
  - Pelvic deformities
  - Incontinence
Solutions for Pressure Problems

• A pressure relieving seat cushion
• Pressure mapping to determine the most appropriate seat cushion for a client with ongoing pressure problems
• A tilt-in-space seat frame
• A reclining back
Any Questions?

Thank you for your time and attention!
CONTACT INFORMATION

For more information please visit our website at:
www.numotion.com

Justin Peterfish: Justin.Peterfish@numotion.com

Numotion
Customer Care Center
800-500-9150

Course transcripts and additional copies of certificates of completion are available upon written request: 5501 Wilshire Blvd NE Ste C ABQ, NM 87113 1.800.500.9150.
Medicare Funding for Complex Rehab Technology: CMS Documentation Requirements Explained

Presented by: Justin Peterfish MOT, OTR/L, ATP
Director of Business Development, Numotion
AGENDA

- Power Wheelchair Documentation
- The F2F Completion Date Theory & How to Calculate the Date
- The PMD Prior Authorization Project
- Document Correction
- Common Pitfalls
- The Role of the ATP
- Diagnosis Codes & Equipment
- Seating
- K0005 – The Mystery Explained
- E1161 General Coverage Criteria
- Documentation Requirements for K0005 & E1161
- Q & A
LEARNING OBJECTIVES

— The participant will be able to list 2 of the medical necessity requirements, per Medicare Local Coverage Determination, for K0005, E1161 and power wheelchairs.

— The participant will be able to list at least 2 of the documentation requirements, per Medicare Local Coverage Determination, for K0005, E1161 and power wheelchairs.

— Upon completion, the participant will be able to briefly describe Medicare’s concept of the complete face to face for power mobility, explain the role of the therapist’s evaluation and the doctor’s face to face examination and requirements of each, and the theory of the face to face completion date.

— The participant will be able to briefly describe Medicare’s interpretation of seating and positioning qualifications, per Medicare’s Seating Local Coverage Determination and documentation requirements of the same.

— Upon completion, the participant will have a brief overview of Medicare’s “Amendments, Corrections & Delayed Entries in Medical Documentation” and will be able to briefly describe the impact of this on medical documentation.

— After participating in a one hour lab, attendees will be able to accurately describe and outline at least 3 Medicare documentation requirements/procedures for various scenarios presented.
DOCUMENTATION REQUIRED FOR A GROUP 3 PWC

- F2F Evaluation
- Specialty Evaluation
- 7 Element Written Order
- Detailed Product Description

Now...let’s break each component down.
THE F2F CHART NOTE

• The F2F must occur **BEFORE** the physician completes the 7 element written order.

• Medicare requires the doctor’s findings to be documented in a **detailed narrative note in the same format as all other entries in the client’s file**.

• The note needs to clearly indicate that the major reason for the visit was a mobility examination.

• The history should paint a picture of the patient’s functional abilities and limitations on a typical day. It should contain as much **objective** data as possible.
THE F2F SHOULD INCLUDE...

• History of the present condition(s) and past medical history that is relevant to mobility needs.
• Symptoms that limit ambulation
• Diagnoses that are responsible for these symptoms
• Other diagnoses that may relate to ambulatory problems
• Medications or other treatments for these symptoms
• Progression of ambulation difficulty over time
• How far the patient can walk without stopping
• Pace of ambulation
• History of falls, including frequency, circumstances leading to falls, and why lesser equipment would not be sufficient
• What ambulatory assistance (cane, walker, MWC, caregiver, etc.) is currently being used and why isn’t it sufficient?
AND...

- What has changed to now require the use of a power mobility device?
- Description of the home setting
- The ability to perform MRADLs in the HOME
- Physical Examination that is relevant to mobility needs.
- **Weight & Height** - Medicare will deny even a standard PWC if the client exceeds 95% of the weight capacity per Medicare guidelines.
- Cardiopulmonary examination
- Musculoskeletal examination including upper and lower extremity strength and range of motion measurements
- Neurological examination including gait, balance and coordination
THE SPECIALTY EVALUATION...

MUST BE PERFORMED BY A LICENSED, CERTIFIED MEDICAL PROFESSIONAL – LCMP (PT, OT OR PHYSIATRIST) WITH SPECIAL TRAINING IN REHABILITATION WHEELCHAIR EVALUATIONS, AND INCLUDES:

— Documentation of the client’s mobility limitation that significantly impairs his/her ability to participate in one or more MRADLs within the HOME.

— Documentation that the mobility deficit cannot be sufficiently and safely resolved by the use of a/an:
  
  Appropriately fitted cane or walker

  MWC – lack of UE strength to self-propel during a typical day.
Ruling Out the Scooter/POV

• unable to transfer to or from \textit{and/or}
• unable to operate the tiller steering system \textit{and/or}
• unable to maintain postural stability and position to operate within the home \textit{and/or}
• the patient’s home will not accommodate.

— The patient’s weight is less than or equal to 95\% of the weight capacity of the PWC that is being provided.
— Use of a PWC will significantly improve the patient’s ability to participate in their MRADLs within the HOME.
SPECIALTY EVALUATION - CONTINUED

— The patient has not expressed an unwillingness to use the PWC in the home.

— Documentation of the following:

  • Medical necessity of the base
  • Medical necessity of the special features
  • Seating & Positioning needs
  • Medical necessity of all options & accessories (why they are needed to address the mobility limitation)
  • The person performing the evaluation can have NO financial relationship with the supplier.
THE 7 ELEMENT WRITTEN ORDER

Must contain each of the following elements and must be COMPLETED BY THE PHYSICIAN after conducting the F2F examination (can be on the same day, but never before):

— Beneficiary’s Name
— Description of the Item
— (may be general – e.g. “power wheelchair”), or may be more specific
— Date of the completion of the F2F examination
— Pertinent diagnosis or conditions that relate to the power mobility device
— Length of need
— The treating physician’s signature
— The date the treating physician signed the order


Seven Element Written Order

1. Patient Name: _____________________________

2. Face to Face Completion Date: ________________
   *Per Medicare guidelines, use the most recent date – either the date of the office visit or the date the PT/OT evaluation is signed.*

---

The Numotion 7 Element Written Order has been revised for easier use.

Contains a more accurate statement under element #2 to assist the physician with understanding the face to face completion date.

The 7 Element Written Order is to be completed entirely by the physician.

No fields can be completed by the supplier or medical office staff.
<table>
<thead>
<tr>
<th>Event</th>
<th>F2F Date Is...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician sees the patient and conducts the exam</td>
<td>Date of the Progress Note or Exam</td>
</tr>
<tr>
<td>Physician sees the patient, refers out to an LCMP for an evaluation,</td>
<td>Date the physician signs the LCMP’s eval.</td>
</tr>
<tr>
<td>receives, reviews, concurs, signs and dates the eval without seeing</td>
<td></td>
</tr>
<tr>
<td>the client for a second time.</td>
<td></td>
</tr>
<tr>
<td>Physician sees the patient, refers patient to LCMP for an evaluation,</td>
<td>Date of the 2\textsuperscript{nd} physician’s visit.</td>
</tr>
<tr>
<td>receives and reviews the LCMP eval, then sees the client for a 2\textsuperscript{nd} time.</td>
<td></td>
</tr>
<tr>
<td>Physician refers the patient to LCMP for evaluation, receives and</td>
<td>Date the physician sees the patient.</td>
</tr>
<tr>
<td>reviews the exam and sees the client.</td>
<td></td>
</tr>
<tr>
<td>Exam performed while the patient is in the hospital or SNF.</td>
<td>Date of discharge.</td>
</tr>
</tbody>
</table>
The Detailed Product Description Must Contain:

- Listing of all options and accessories separately billed.
- Narrative description; or
- Brand name/model number
- DPD must be signed and dated by the physician after the date of the 7 element written order and prior to delivery.
- Must contain a date stamp to document receipt date.
- Must be received prior to delivery, but not held to the same 45-day timeline as the rest of the documentation.
Questions on Documentation
Overview???
Local Coverage Determination (LCD) for Power Mobility Devices (L23598)

MISCELLANEOUS:

A POV or power wheelchair with Captain's Chair is not appropriate for a patient who needs a separate wheelchair seat and/or back cushion. If a skin protection and/or positioning seat or back cushion that meets coverage criteria (see Wheelchair Seating LCD) is provided with a POV or a power wheelchair with Captain's Chair, the POV or PWC will be denied as not reasonable and necessary. (Refer to Wheelchair Seating LCD and Policy Article for information concerning coverage of general use, skin protection or positioning cushions when they are provided with a POV or power wheelchair with Captain's Chair.)

For patients who do not have special skin protection or positioning needs, a power wheelchair with Captain's Chair provides appropriate support. Therefore, if a general use cushion is provided with a power wheelchair with a sling/solid seat/back instead of Captain's Chair, the wheelchair and the cushion(s) will be covered only if either criterion 1 or criterion 2 is met:

1. The cushion is provided with a covered power wheelchair base that is not available in a Captain's Chair model—i.e., codes K0839, K0840, K0843, K0860 – K0864, K0870, K0871, K0879, K0880, K0886, K0890, K0891; or
2. A skin protection and/or positioning seat or back cushion that meets coverage criteria is provided.

If one of these criteria is not met, both the power wheelchair with a sling/solid seat and the general use cushion will be denied as not reasonable and necessary.
THE PMD PRIOR AUTHORIZATION DEMONSTRATION PROJECT

— The goal of the program is to develop and demonstrate improved methods for investigation and prosecution of fraud in the provision of PMDs.

— Effective 9/1/12 in 7 states:
  — California, Illinois, Michigan, New York, North Carolina, Florida and Texas.

— Effective 10/1/14, the following 12 states joined the PMD Prior Authorization Project:
  — Arizona, Georgia, Indiana, Kentucky, Louisiana, Maryland, Missouri, New Jersey, Ohio, Pennsylvania, Tennessee, and Washington

— The following products are subject to a prior authorization process:
  — Group 1 POVs – K0800-K0802 and K0812
  — All standard power wheelchairs (K0813 – K0829)
  — All Group 2 complex rehab PWCs (K0835 – K0843)
  — All Group 3 complex rehab PWCs w/out power options (K0848 – K0855)
  — Pediatric PWCs (K0890 – K0891)
  — Misc. PWCs (K0898)

— Note: Group 3 complex rehab PWCs with power options (K0856 – K0864) are EXCLUDED.

— All required documentation must be submitted with the prior authorization request.
THERAPIST EVALUATION = VALUE ADDED

- 50% of orders in the Medicare Demonstration Project are denied.
- A majority of the denied prior authorizations relied on Physician chart notes only and did not include a therapy evaluation.
- When the customer sees a therapist for a wheelchair evaluation, the approval rate jumps to around 90%.
- When there is a comprehensive therapy evaluation, the process moves faster and the customer is more likely to get their chair approved without needing repeat visits.
DOCUMENT CORRECTION

- Corrections must include a strike through original content with a single line.
- Correct content.
- **Sign and date revision with full signature and date.**
- Amendments or delayed entries must be clearly signed and dated upon entry into the record.
- Electronic Health Records (EHR): corrections or delayed entries must:
  a. Distinctly identify any amendment, correction or delayed entry, and
  b. Provide a reliable means to clearly identify the original content, the modified content, and the date and authorship of each modification of the record.

Source: CMS' Program Integrity Manual 3.3.2.5 - Amendments, Corrections and Delayed Entries in Medical Documentation (Rev. 442, Issued: 12-07-12, Effective: 01-08-13, Implementation: 01-08-13)
DOCUMENT CORRECTION – WHAT’S IN A DATE?

— When the author of a document has signed and dated a document, that is considered the final copy.

— Any revisions or corrections are signed and dated.

— That correction, in effect, has reopened the document.

— The author of the document must resign and date again to close and finalize.
PT/OT EVALUATION FORMATS

- Clinician or the Clinic’s own form (meeting all coverage criteria)
- Orion FME
- Illinois Seating/Mobility Evaluation (12 Page Eval)
- State Medicaid and other Payer Specific Wheelchair or Equipment Forms; as required but must be approved for Medicare Funding
NO MATTER THE FORMAT, QUALITY IS KEY

COMMON PITFALLS

— Eval completed by the ATP only (supplier generated form).
— Missing equipment justifications or clinical rationale to justify the equipment as spec’d.
— Missing therapist signature and date.
— All pages of a document must be included for review.
— Clinical inconsistencies.
— Signatures and/or signature dates are missing or incomplete.
— No documentation that the Supplier’s ATP was involved in the wheelchair selection.
WHAT CAN THE ATP COMPLETE?

— The ATP can never complete any portion of the PT/OT Evaluation prior to, or after the evaluation.

— The only exception is the demographics portion of the form, which may be completed before the evaluation.

— The ATP must complete a separate Client Assessment for all Medicare orders requiring ATP involvement per Medicare policy.

— The Client Assessment must be completed, signed and dated by the ATP, including credentials to prove involvement in the mobility evaluation.
Medicare Local Coverage Determinations, LCDs, stipulate that certain pieces of equipment are covered for beneficiaries who meet certain coverage criteria.

This may include ICD-9 diagnosis codes and/or specific clinical criteria.
DIAGNOSIS CODES AND EQUIPMENT

Some examples of diagnosis driven equipment include:

✓ Group 3 power wheelchair
✓ Seating: Skin Protection and/or Positioning Seat Cushions
✓ Positioning Backs
✓ Positioning Accessories – lateral and medial supports, etc.
✓ Custom Fabricated Seating

Don’t forget, Medicare policy doesn’t stop at the diagnosis as the only requirement. The client must have clinical coverage criteria in their medical record as well. Let’s explore some of those.
With respect to diagnosis codes, a Group 3 power wheelchair is covered if:

- “mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity.”
- Medicare implies that myopathies and deformities should be progressive and/or congenital.
Diagnoses that typically qualify only for Group 2 PWC:

- Arthritis
- Spinal Stenosis
- Peripheral Neuropathy
- Diabetic Neuropathies
DIAGNOSIS CODES AND EQUIPMENT

SEATING:
Skin Protection and/or Positioning Seat Cushions
- Positioning Backs
- Positioning Accessories
- Custom Fabricated Seating

Must have a manual wheelchair or power wheelchair with sling/solid seat and back and meet MCR coverage criteria for the skin protection and/or positioning seat or back.
SKIN PROTECTION CUSHIONS

SKIN PROTECTION CUSHIONS: E2603, E2604, E2622, E2623

Clinical criteria necessary:

✅ Current or history of pressure ulcer on area of contact with seating surface – back, hips, or buttock, and have 707.03, 707.04, or 707.05 in medical record; OR

✅ Absent/impaired sensation or inability to carry out weight shift due to one of the following diagnoses:
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>138</td>
<td>LATE EFFECTS OF ACUTE POLIOMYELITIS</td>
</tr>
<tr>
<td>323.82</td>
<td>OTHER CAUSES OF MYELITIS</td>
</tr>
<tr>
<td>330.0 - 330.9</td>
<td>LEUKODYSTROPHY - UNSPECIFIED CEREBRAL DEGENERATION IN CHILDHOOD</td>
</tr>
<tr>
<td>331.0</td>
<td>ALZHEIMER'S DISEASE</td>
</tr>
<tr>
<td>332.0</td>
<td>PARALYSIS AGITANS</td>
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<tr>
<td>333.4</td>
<td>HUNTINGTON'S CHOREA</td>
</tr>
<tr>
<td>333.6</td>
<td>GENETIC TORSION DYSTONIA</td>
</tr>
<tr>
<td>333.71</td>
<td>ATHETOID CEREBRAL PALSYS</td>
</tr>
<tr>
<td>334.0 - 334.9</td>
<td>FRIEDREICH'S ATAXIA - SPINOCEREBELLAR DISEASE UNSPECIFIED</td>
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<tr>
<td>335.0 - 335.21</td>
<td>WERDNIQ-HOFFMANN DISEASE - PROGRESSIVE MUSCULAR ATROPHY</td>
</tr>
<tr>
<td>335.23 - 335.9</td>
<td>PSEUDOBULBAR PALSYS - ANTERIOR HORN CELL DISEASE UNSPECIFIED</td>
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<tr>
<td>336.0 - 336.3</td>
<td>SYRINGOMYELIA AND SYRINGOBULBIA - MYELOPATHY IN OTHER DISEASES CLASSIFIED ELSEWHERE</td>
</tr>
<tr>
<td>340</td>
<td>MULTIPLE SCLEROSIS</td>
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<tr>
<td>341.0 - 341.9</td>
<td>NEUROMYELITIS OPTICA - Demyelinating Disease of Central Nervous System Unspecified</td>
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<tr>
<td>342.00 - 342.92</td>
<td>FLACCID HEMIPLEGIA AND HEMIPARESIS AFFECTING UNSPECIFIED SIDE - UNSPECIFIED HEMIPLEGIA AND HEMIPARESIS AFFECTING NONDOMINANT SIDE</td>
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<td>343.0 - 343.9</td>
<td>CONGENITAL DIPLEGIA - INFANTILE CEREBRAL PALSYS UNSPECIFIED</td>
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<td>344.00 - 344.1</td>
<td>QUADRIPLEGIA UNSPECIFIED - PARAPLEGIA</td>
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<td>359.0</td>
<td>CONGENITAL HEREDITARY MUSCULAR DYSTROPHY</td>
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<td>359.1</td>
<td>HEREDITARY PROGRESSIVE MUSCULAR DYSTROPHY</td>
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<tr>
<td>438.20 - 438.22</td>
<td>HEMIPLEGIA AFFECTING UNSPECIFIED SIDE - HEMIPLEGIA AFFECTING NONDOMINANT SIDE</td>
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<tr>
<td>707.03 - 707.05</td>
<td>PRESSURE ULCER, LOWER BACK - PRESSURE ULCER, BUTTOCK</td>
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<tr>
<td>728.3</td>
<td>OTHER SPECIFIC MUSCLE DISORDERS</td>
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<tr>
<td>741.00 - 741.93</td>
<td>SPINA BIFIDA UNSPECIFIED REGION WITH HYDROCEPHALUS - SPINA BIFIDA LUMBAR REGION WITHOUT HYDROCEPHALUS</td>
</tr>
<tr>
<td>754.89</td>
<td>OTHER SPECIFIED NONTERATOGENIC ANOMALIES</td>
</tr>
<tr>
<td>756.51</td>
<td>OSTEOGENESIS IMPERFECTA</td>
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</tbody>
</table>
POSITIONING SEATS, BACKS AND ACCESSORIES

Positioning Seat Cushions: E2605, E2606
Positioning Backs: E2613-E2616, E2620, E2621
Positioning Accessories: E0955, E0956, E0957, E0960

Clinical criteria necessary:

✓ Client has any “significant postural asymmetries” that are due to one of the diagnoses…above” (the skin protection cushion diagnoses).

✓ OR one of the following diagnoses:

✓ Monoplegia of the lower limb (344.30-344.32), (438.40-438.42) due to stroke, traumatic brain injury, or other etiology, spinocerebellar disease (334.0-334.9), above knee leg amputation (897.2-897.7), osteogenesis imperfecta (756.51), transverse myelitis (323.82)
WHAT DOES MEDICARE CONSIDER A “SIGNIFICANT POSTURAL ASYMMETRY”?

Objective indications that client cannot sit symmetrically in the wheelchair such as:

- Documented fixed or flexible kyphosis, scoliosis, pelvic rotation, or obliquity
- Leaning on the wheelchair armrests due to lack of strength
- Trunk weakness or decreased balance that requires upper extremity use to sit upright
COMBINATION SKIN PROTECTION AND POSITIONING SEAT CUSHIONS

COMBINATION SKIN PROTECTION AND POSITIONING SEAT CUSHIONS: E2607, E2608, E2624, E2625

☑ Are covered if client meets clinical criteria for both skin protection and positioning cushions, and also has diagnoses for both.
CUSTOM FABRICATED SEAT CUSHION

CUSTOM FABRICATED SEAT CUSHION: E2609

✔ Covered if client meets criteria for skin protection OR positioning cushion

AND

✔ PT, OT, or Physiatrist clearly explains why prefabricated seating does not meet client’s needs and has clear, objective findings to illustrate.
CUSTOM FABRICATED BACK

CUSTOM FABRICATED BACK: E2617

✓ Covered if client meets all criteria for positioning back

AND

✓ PT, OT, or Physiatrist clearly explains why prefabricated seating does not meet client’s needs and has clear, objective findings to illustrate.
Medicare coverage criteria are from LCD for Seating:

THE COMPLEX MANUAL WHEELCHAIR FUNDING MYSTERY: PAINTING THE PICTURE, SOLVING THE PUZZLE, BRIDGING THE GAP
K0005-ULTRA LIGHTWEIGHT MANUAL WHEELCHAIR

Equipment Criteria

- **Weight:** < 30 lbs w/o front riggings
- **Seat Width:** 14, 16 or 18" *
- **Seat Depth:** 14 or 16" *
- **Seat Height:** ≥ 17" and ≤ 21" **
- **Back Height:** Not defined
- **Arm Style:** Fixed or detachable
- **Footrests:** Fixed or S/A detachable
- **Footrest Ext:** 16 - 21"
- **Warranty:** Lifetime on frame and cross-brace
- **Axle Plate:** Fully adjustable
MANUAL WHEELCHAIR GENERAL COVERAGE CRITERIA

Per the Manual Wheelchair LCD (L11454), a manual wheelchair is covered if:

— Criteria A, B, C, D and E are met; and
— Criterion F or G is met

A. The beneficiary has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home. A mobility limitation is one that:

1. Prevents the beneficiary from accomplishing an MRADL entirely, or
2. Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; or
3. Prevents the beneficiary from completing an MRADL within a reasonable time frame.
MANUAL WHEELCHAIR GENERAL COVERAGE CRITERIA

Per the Manual Wheelchair LCD (L11454), a manual wheelchair is covered if:

— Criteria A, B, C, D and E are met; and
— Criterion F or G is met

B. The beneficiary’s mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. **AND**

C. The beneficiary’s home provides adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided. **AND**

D. Use of a manual wheelchair will significantly improve the beneficiary’s ability to participate in MRADLs and the beneficiary will use it on a regular basis in the home. **AND**

E. The beneficiary has not expressed an unwillingness to use the manual wheelchair that is provided in the home. **AND**
THE ULTRA LIGHTWEIGHT (K0005) FUNDING MYSTERY – MEDICARE COVERAGE CRITERIA

Per the Manual Wheelchair LCD (L11454) a K0005 is covered if (1) or (2) is met and (3) and (4) are met:

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. **AND**
THE K0005 FUNDING MYSTERY – MEDICARE COVERAGE CRITERIA

Per the Manual Wheelchair LCD (L11454) a K0005 is covered if (1) or (2) is met and (3) and (4) are met:

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. The LCMP may have no financial relationship with the supplier.
Per the Manual Wheelchair LCD (L11454) a K0005 is covered if (1) or (2) is met and (3) and (4) are met:

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.
THE K0005 FUNDING MYSTERY – MEDICARE COVERAGE CRITERIA

Per the Manual Wheelchair LCD (L11454) a K0005 is covered if (1) or (2) is met and (3) and (4) are met:

If documentation of the medical necessity for a K0005 wheelchair is requested, it must include:

- a description of the beneficiary’s routine activities
- the types of activities the beneficiary frequently encounters
- whether the beneficiary is fully independent in the use of the wheelchair
- Describe the features of the K0005 base which are needed compared to the K0004 base
K0005 CLINICAL CONSIDERATIONS

— Customer is unable to functionally/efficiently propel a standard, lightweight or high strength lightweight wheelchair due to upper or lower extremity weakness, endurance issues, cardiopulmonary problems, pain, fatigue, arthritis, spasticity, decreased range of motion and/or orthopedic deformities.

— Customer can and does propel in an ultra lightweight manual wheelchair.

— Customer needs the ultra lightweight manual wheelchair to perform MRADLs that cannot be performed in a standard, lightweight or high strength lightweight manual wheelchair (doctor’s appointment, school, job, church).

— Customer’s body dimensions cannot be accommodated in the manual wheelchair seat dimensions of a standard, lightweight or high strength lightweight wheelchair, but the customer’s weight can. *
Customer requires a specific back height other than standard due to poor balance, postural control, abnormal tone and/or orthopedic issues.

Customer has upper extremity weakness, decreased range of motion, spasticity, and/or poor endurance that requires maximum adjustment of rear wheel position for completion of their MRADLs.

Customer has poor balance, postural control, abnormal tone and/or orthopedic issues that require the ability to change seat angle and/or orientation in space through a fully adjustable axle plate.

* Products in this code frequently have multiple seat widths and depths in 1” increments.

** Products in this code frequently have lower STFH available
K0005 SPECIAL CONSIDERATIONS - RECAP

— The beneficiary must be a full time manual wheelchair user; or require individualized fitting and adjustments for one or more features such as, axle configuration, wheel camber, seat slope, etc.

— It must be documented that these adjustments/fittings cannot be accommodated by a K0001-K0004 base.

— K0005 “Ultra lightweight manual wheelchairs are highly configurable manual wheelchairs for highly active, full-time users.” Documentation must reflect activity patterns that frequently require the end-user to go out into the community for the purpose of independently accomplishing high-level MRADL activities. Examples of these might include a combination of; shopping, work, school, banking, independently loading and unloading from a vehicle etc.
E1161 SPECS – THE TILT IN SPACE MANUAL WHEELCHAIR

- Seat width of 15” or greater. Less than 15” would need to be spec’d and coded as pediatric.
- Must be billed to Medicare as a rental.
- Ability to tilt the frame of the wheelchair greater than or equal to 20 degrees from horizontal while maintaining the same seat to back angle.
- Lifetime warranty on side frames and cross braces.
- Code includes any seat height.
E1161 GENERAL COVERAGE CRITERIA

Per the Manual Wheelchair LCD (L11454), an E1161 is covered if:

— Criteria A, B, C, D and E are met; and

— Criterion F or G is met

A. The beneficiary has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home. A mobility limitation is one that:

1. Prevents the beneficiary from accomplishing an MRADL entirely, or
2. Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; or
3. Prevents the beneficiary from completing an MRADL within a reasonable time frame.
E1161 GENERAL COVERAGE CRITERIA

Per the Manual Wheelchair LCD (L11454), an E1161 is covered if:

— Criteria A, B, C, D and E are met; and

— Criterion F or G is met

B. The beneficiary’s mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. **AND**

C. The beneficiary’s home provides adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided. **AND**

D. Use of a manual wheelchair will significantly improve the beneficiary’s ability to participate in MRADLs and the beneficiary will use it on a regular basis in the home. **AND**

E. The beneficiary has not expressed an unwillingness to use the manual wheelchair that is provided in the home. **AND**
Per the Manual Wheelchair LCD (L11454), an E1161 is covered if:

— Criteria A, B, C, D and E are met; and

— Criterion F or G is met

F. The beneficiary has sufficient upper extremity function and other physical and mental capabilities needed to safely self-propel the manual wheelchair that is provided in the home during a typical day. Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function. OR

G. The beneficiary has a caregiver who is available, willing, and able to provide assistance with the wheelchair.

AND
E1161 GENERAL COVERAGE CRITERIA

Per the Manual Wheelchair LCD (L11454), an E1161 is covered if:

— Criteria A, B, C, D *and* E are met; *and*
— Criterion F *or* G is met

**AND**

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.

**AND**
E1161 GENERAL COVERAGE CRITERIA

Per the Manual Wheelchair LCD (L11454), an E1161 is covered if:

— Criteria A, B, C, D and E are met; and
— Criterion F or G is met

AND

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.

Note: as of 4/1/14, E1161s can be delivered only as rentals to Medicare beneficiaries.
Clinical documentation objectively documents the medical necessity for the manual tilt in space feature:

- Customer requires tilt in space feature due to high risk of pressure ulcer development and is unable to perform a functional weight shift OR
- Customer utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed OR
- The tilt in space feature is needed to manage increased tone or spasticity
  - It is important, when increased tone or spasticity is the clinical criteria for the wheelchair, that we have documentation of how the customer presents prior to, and then after a trial of tilt.
Documentation must include:

Objective documentation that the use of the tilt in space manual wheelchair will improve the customer’s ability to participate in their MRADLs (with or without caregiver assistance – being able to access home for toileting, feeding, grooming, etc.).
WHAT IS SPASTICITY?

• Spasticity is unusual tightness, stiffness or pull of a muscle caused by the neurological system telling the muscle to contract involuntarily.

• It can be constant, or it can come and go.

• Spasticity can be exacerbated (brought on) by a number of factors such as pain, cold, anxiety, other body movements...

• Spasticity can cause joints to contract (get tight) and make them difficult or impossible to move.

• Due to the muscles being in constant contraction, spasticity can cause weakness, or atrophy of the opposite muscles. Example: bicep spasticity can cause triceps atrophy. The affected limb will often do the opposite of what the person is trying to do.
COMMON TEST FOR SPASTICITY – THE MODIFIED ASHWORTH SCALE - MAS

Modified Ashworth Scale Instructions

General Information

• Place the patient in a supine position and have them relax
• If testing a muscle that primarily flexes a joint, place the joint in a maximally flexed position
• and move to a position of maximal extension over one second (count "one thousand one") – very fast
• If testing a muscle that primarily extends a joint, place the joint in a maximally extended
• position and move to a position of maximal flexion over one second (count "one thousand one") – very fast
• Score based on the classification on the following slide
COMMON TEST FOR SPASTICITY – THE MODIFIED ASHWORTH SCALE - MAS

Scoring (taken from Bohannon and Smith, 1987):

0  No increase in muscle tone
1  Slight increase in muscle tone, manifested by a catch and release or by minimal resistance at the end of the range of motion when the affected part(s) is moved in flexion or extension
1+ Slight increase in muscle tone, manifested by a catch, followed by minimal resistance throughout the remainder (less than half) of the ROM
2  More marked increase in muscle tone through most of the ROM, but affected part(s) easily moved
3  Considerable increase in muscle tone, passive movement difficult
4  Affected part(s) rigid in flexion or extension
For Medicare funding, the details contained within the documentation is obviously different; however, the documents required are the same.

- PT, OT or Physiatrist specialty evaluation
- Chart notes from the client’s medical record regarding their mobility-related diagnosis and the need for the wheelchair
- A physician’s order for the equipment and features (Numotion will supply)
CONTACT INFORMATION

For more information please visit our website at:
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800-500-9150

Course transcripts and additional copies of certificates of completion are available upon written request:  5501 Wilshire Blvd NE  Ste C  ABQ, NM  87113
1.800.500.9150.
Questions?
Thank You!