

MOBILITY DEVICE CLINICAL DOCUMENTATION GUIDE

It is expected that the patient's **medical records** reflect the need for the care and equipment provided. Your documentation is the most important factor to success in getting a claim paid. It must support the fact that whatever is billed (services or equipment) was needed by the patient, and certified by the physician. If the correct documentation is provided and it follows the policies (Local Coverage Determination and CMS Manual guidelines), the claim is likely to be allowed.

The patient's **medical records** should include pertinent documentation related to the patient's mobility impairment such as select physician's office records (e.g. history/physical, annual examination, and office visit notes), records from other healthcare professionals (e.g. PT and OT evaluation, daily notes, specialty seating/mobility evaluation), test reports (e.g. xray, PFT, MRI), hospital records (e.g. admit/discharge note, surgical/test reports), nursing home records, home health agency records, etc. Supplier generated forms, even if completed by the physician or therapist, are not substitutes for your medical record documentation and are not accepted by CMS as sufficient to support medical need.

Documentation prepared by the supplier is NOT considered medical documentation yet is important and necessary supportive corroborative documentation that is often reviewed, dated and cosigned by the medical team. The suppliers' name, contact information and company should be prominently displayed on the documentation they prepare and request you to cosign.

Medically necessary manual wheelchairs, power scooters, power wheelchairs and related wheelchair seating and wheelchair accessories for Medicare beneficiaries must be prescribed by a physician, physician assistant, nurse practitioner, or clinical nurse specialist. **The physician may perform the evaluation OR refer the patient to another medical professional such as a physical therapist (PT) or occupational therapist (OT), who has experience and training in mobility evaluations, to perform part of the evaluation. The PT/OT must have no financial relationship with the wheelchair supplier.** The physician must personally see the patient before or after the PT/OT evaluation. The physician reviews the PT/OT report, indicates agreement in writing on the report, and signs and dates the report. If the physician does not see the patient after the PT/OT evaluation, the date that the physician signs the report is considered the date of completion of the face to face examination as required on the written order. (Tip- the date of the face to face examination starts the 45 day clock for submitting documentation, delivering equipment, and submitting certain Medicare claims -see the PMD LCD for details.)

Policy References

Refer to the appropriate CMS **Medical Local Coverage Determination (LCD)** and **Durable Medical Equipment (LCD)** for more detailed eligibility and documentation requirements. <https://www.cms.gov/medicare-coverage-database/>

For the pertinent **LCD and Policy Articles for Outpatient Physical and/or Occupational Therapy or Home Health Services** search for your state's policy. (Tip- Use keyword search Physical Therapy OR Occupational Therapy OR CPT/HCPCS code 97001 or 97003)

All four Durable Medical Equipment Medicare Administrative Contractors (DME MAC) issue identical LCD policies. Search the relevant **DME MAC LCD and related Policy Article:**

- Manual Wheelchair Bases
- Power Mobility Devices
- Wheelchair Options/Accessories
- Wheelchair Seating

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Written documentation must demonstrate the patient's need for skilled clinical services and requested mobility assistive equipment (MAE) based on medical diagnosis, functional prognosis, and factors that indicate treatment effectiveness and outcomes.

The goal of clinical services and MAE is for a patient to return to the highest level of function realistically attainable and within the context of the disability. The skills of the clinician are required to evaluate the patient's mobility needs, identify, recommend, and justify appropriate MAE (i.e. rollators, manual and power wheelchairs, seating systems and accessories) and related clinical services (gait training, endurance training, transfer training, manual or power mobility skills training, functional mobility skills, caregiver training) to ensure safety and achievement of identified goals.

Covered clinical services (PT/OT services) and covered MAE must relate directly and specifically to an active written treatment plan and must be reasonable and necessary to the treatment of the individual's illness or injury. The plan of treatment should address specific therapeutic goals for which treatment procedures are outlined in terms of type, frequency and duration. Also mobility assistive equipment recommendations should include detailed feature information and rationale for each specific option or accessory requested. The plan of care must be certified/approved by the physician.

The evaluation should be tailored to the individual patient's conditions. The report should provide significant information about the following elements, but may include other details. Each element would not have to be addressed in every evaluation however acknowledging that it was considered and not applicable is beneficial.

COMPONENTS	EXAMPLES OF EXAMINATION FINDINGS
Intake & History The history should paint a picture of the patient's functional abilities and limitations on a typical day including as much objective information as possible.	
Demographic Information	General demographics, age, gender, height, weight, individuals present at eval.
Referral mechanism	Self referral, request from another practitioner (specify)
Referring medical diagnosis	Specify ICD-9 codes related to positioning and/or mobility impairment (refer to eligibility criteria from pertinent DME LCD)
Reason for referral/Chief complaint	Description of functional positioning and/or mobility impairment, assistance and devices needed, what has changed to now require a new device.
History of positioning and/or mobility impairment	Description of progression of positioning/mobility impairment, technology used/tried, medical/surgical/treatment interventions, results of interventions.
Treatment diagnosis/ICD-9 related to positioning and/or mobility problem	See LCD from pertinent Therapy LCD listing ICD-9 codes that support medical necessity (i.e. abnormal posture, abnormality of gait, lack of coordination, abnormal involuntary movements, pressure ulcer, pain, etc.)
Patient/Family/Caregiver goals	Goals for clinical services and seating & mobility assistive equipment
Social Status	Living situation (lives alone, lives with family, attendant care (e.g. hours/week, assist provided)
Home Environment & Accessibility	Type of home (e.g. ranch, split level house, apt, single/double wide mobile home, assisted living, group home), Home accessibility (e.g. entrance, doorways, floor surfaces, measurements, etc.)
Environmental Accessibility	Terrain typically encountered (grass, gravel, hills, side slopes, inclement weather, environmental obstacles, etc.)
Employment/Work Status (Job/School)	Occupation, typical job duties, tasks, functions, work station accessibility needs
General Health Status	Social/health habits (past/current)
Functional status and activity level	Routine daily activities (medical appointments, cooking/cleaning/laundry, grocery shopping, recreation), roles/responsibilities (parent, primary care giver, head of household), prior level of functioning
Transportation	Driver/passenger in vehicle seat/in wheelchair, transfer type, transportation type, wheelchair storage location (passenger seat, trunk, exterior lift), wheelchair securement (tie down, docking system, other), occupant restraint
Equipment Assessment Equipment specific information	
Existing equipment	Mobility assistive equipment (cane, walker, manual/power wheelchair, scooter), bathroom equipment, other devices/home/vehicle modifications, prosthetics/orthotics
Current Seating & Mobility Equipment	Make, model, condition, size, age, supplier and payor for existing equipment, reason for new equipment, what worked/ didn't work?, describe position/function in current equipment
Functional Assessment The functional assessment should include subjective and objective evaluations of performance and functional abilities to establish activity level, level of positioning and mobility impairment, and indicate the prognosis for potential restoration of function.	
ADL/IADL status	Mobility equipment and assistance to perform ADLs/IADLs
Mobility status	Bed mobility, transfer status, ability to weight shift (method, effectiveness)
Locomotion status	Ambulation (assistance, device, distance, speed, safety, surfaces, prosthetics/orthotics), standing balance, standing endurance
Wheelchair propulsion status	Propulsion assistance, device, distance, speed, safety, surfaces, WC skills (inclines, rear wheel balancing, curb cuts, door thresholds, curbs), power mobility status (input device, safety, surfaces)
Endurance	Activity tolerance, duration, intensity

Systems Review Screening of body systems may require further physical examination	
Cardiovascular/Pulmonary/ Circulatory Status	Heart rate, BP, respiratory rate, oxygen saturation, response to activity, supplemental oxygen, edema, lymphoedema, impact on mobility
GI System Review	Swallow, tube feeding (PEG), digestion (reflux), impact on positioning
Cognitive Status	Memory skills, problem solving, judgment/safety, attention/concentration, learning skills, perceptual deficits, behavioral issues
Communication	Expressive/receptive ability, ability to communicate needs, device(s) used
Vision/hearing Status	Functional, correction, impact on use of mobility device
Bowel/bladder Management	Continent, incontinent (frequency), self cath/intermittent cath/suprapubic cath

Physical Examination Focus on body systems that are responsible for the patient's positioning and/or mobility impairment.	
Sensation	Intact, impaired, absent (describe)
Pain	Location, severity, what exacerbates/ what relieves
Skin Integrity	Skin inspection, current/history of pressure ulcer (location, stage), scar formation, describe risk factors, hours sitting/day
Posture	Describe sitting posture/ supine posture (active/passive), flexible/fixe
Balance	Static and dynamic sitting/standing balance, describe supports needed
Strength	Manual muscle test, muscular endurance
Range of Motion/Flexibility	Goniometry of extremities, describe flexibility of pelvis/trunk, hip flexion, popliteal angle, ankle dorsiflexion, UE ROM that impacts propulsion and access
Neuromuscular Status	Muscle tone, reflexive responses, coordination, motor control, effect on function

Wheelchair Assessment Technology specific trial, simulation, and specification.	
Technology Trial/Simulation	Describe equipment features trialed and results
Measurements	Body measurements (hip width, sacrum to popliteal fossa, lower leg length, back height, elbow height etc.)
Person/Technology Match	Discuss benefits/tradeoffs of equipment features with patient/family and identify technology features needed to attain identified goals.

Plan of Care Goals, treatment procedures/interventions, recommended equipment, feature specification and clinical rationale, duration/frequency of services required to attain goals, anticipated discharge plan.	
Problem list	Identification of problems pertinent to patient management- clinical services and necessary/recommended MAE
Goals for treatment intervention	Stated in measureable terms with expected date of accomplishment, appropriate for patient and diagnosis
Goals for MAE intervention	Stated in measureable goal related to functional activity, describe functional potential which is a realistic evaluation of the patient's potential
Plan of Care	Pressure mapping, equipment trial/simulation, AT Assessment, custom molding, fitting, manual wheelchair skills training, power mobility training, patient/family teaching, frequency/duration of visits, discharge plan/discharge summary
Equipment recommendation, feature specification, and clinical rationale	Detail recommended equipment features and clinical rationale for items requested

CONNECTING THE DOTS: THE PERSON-TECHNOLOGY MATCH
It is the purpose of the mobility device documentation report to: <ol style="list-style-type: none"> 1) present the evaluation findings, 2) identify the person's problems and potentials, 3) goals of the positioning and mobility intervention, 4) specify the recommended technology features, and 5) provide medical rationale for why each feature is required for the individual.
General statements and "canned" policy language should be avoided. Instead provide specific rationale as to why each technology feature is required to meet a medical or functional need for the individual.
Tip- Read your report from the perspective of the reviewer who does not know your patient. Connect the dots between the physical and functional findings and how these relate to the positioning and mobility recommendations for the individual. Anticipate reviewer questions and address them in your documentation.

TOP 10 DOCUMENTATION TIPS
1) Limit use of abbreviations
2) Document legibly
3) Date, sign, and include treatment time/duration for all entries
4) Report activities performed and that demonstrate skilled care
5) Include objective physical and functional findings
6) Document all activities performed including communications, research, teaching and referrals
7) Document clinical decision making process. Include why you chose the intervention/why it is necessary/why a less costly alternative is ruled out
8) In plan of care, include duration and frequency of follow up treatment needed (i.e. fitting, custom molding, mobility skills training, transfer training, etc.)
9) Anticipate reviewer questions and address them in your documentation
10) Clearly state name, title, designation, and contact telephone number of professional authoring documentation