

# Documentation & Billing

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## Acknowledgements



## Acknowledgements

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### Advisory Team

- Kendra Betz, MSPT, ATP
- Carmen DiGiovine, PhD, ATP, RET
- Michelle Lange, OTR, ABDA, ATP
- Darrell Misick, PT

## Why Documentation?

- Good Practice
- Accountability
- Tells a Story
- Funding & Policy - Justification
- Litigation
- Research

## Medicare (USA)

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

## Medicare Audit K0823

<http://www.tricenturion.com/content/pcalpet.cfm>

### 86% of Claims Denied

- 39% because of no documentation
- 61% documentation did not comply with policy
  - 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

## 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

## Documentation Criteria

- **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

## Documentation Criteria cont'd

### 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

## Documentation Criteria cont'd

### 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"

## Pete



## Intro Paragraph

We had the pleasure of seeing Pete Smith for a comprehensive Mobility Assistive Equipment (MAE) evaluation. He is a 50 year old male with a medical history significant for C6-C7 tetraplegia [344.03] due to a diving accident in 1983. He currently uses a Quickie 2HP ultralightweight manual wheelchair with a Jay Active cushion that is 10 years old. He is having issues with shoulder and neck pain associated with long term manual wheelchair propulsion.

## What was Recommend

Our interdisciplinary team assessment of Pete's seating and mobility needs determined that the Invacare TDX-SP Group 3 mid-wheel drive power wheelchair is the most reasonable and cost effective alternative in meeting his needs. This equipment was chosen over other alternatives because Pete preferred the operation and maneuverability of the device as compared to other devices tried.

## Why Does He Need It?

- He cannot ambulate even with the use of an assistive device due to C6-C7 tetraplegia.
- He no longer has sufficient upper extremity function to self-propel an optimally configured manual wheelchair due to the development of bilateral shoulder impingement, and wrist pain from over 20+ years of propulsion and overuse.

## Why Else Does He Need It?

- He is not a candidate for a scooter (aka, power operated vehicle) as he would not be able to safely transfer to and from a POV nor would a POV seating system meet his seating and positioning needs.
- The use of a powered mobility device will significantly improve his ability to participate in mobility related activities of daily living and he has not expressed an unwillingness to use one.

## Why Else Does He Need It?

- He is not a candidate for a Group 1 or Group 2 power wheelchair as he will use the device continuously throughout the day as well as on surfaces that neither a Group 1 or Group 2 power wheelchair is designed for.

## Why Else Does He Need It?

- Therefore a group 3 power wheelchair is the most reasonable and cost-effective alternative.
- A Group 3 is more durable and will negotiate the surfaces and terrains he encounters throughout his daily routine.
- He also qualifies for a Group 3 power wheelchair as he has a mobility limitation due to C6-C7 quadriplegia.

## Why Else Does He Need It?

- A supplier with RESNA Assistive Technology Professional (ATP) certification has also been involved in the assessment process.
- A Jay Active skin protection cushion is necessary as Pete has impaired sensation in the buttocks and at high risk for pressure sores.

## Next Paragraph

- Please refer to the attached assessment for further details as needed. Also attached is a detailed product description from Jim Dealer, ATP of Penn Wheelchair Supply, prescription, and medical records reflecting the need for this device.

## What if He Doesn't Get it?

- Without this device Pete will have no safe, effective, or independent means of mobility or function either within his home or in the community. He would therefore be at risk for decreased ability to participate in any meaningful mobility related activities of daily living such as getting to the bathroom for hygiene and bathing activities, kitchen for meals, or bedroom for dressing. Also without the use of this device Pete will be at significant risk for further upper extremity repetitive strain injuries and neck pain resulting in decreased quality of life. There are no other treatment alternatives for addressing these seating and mobility needs that we are aware of.

## Clinical Intake Form

- **Physician Face to Face Evaluation Date:** November 23, 2010
- **Therapy Evaluation Date:** November 23, 2010
- **Supplier Home Evaluation Date:** November 30, 2010
- **Date Specifications Received:** November 30, 2010
- **Date Report Completed:** December 7, 2010
- **Date Report Signed by Physician:** December 14, 2010

## Clinical Intake Form

- |                                     |                              |
|-------------------------------------|------------------------------|
| • NAME:                             | • TYPE OF CURRENT MAE:       |
| • MEDICAL RECORD NUMBER:            | • HOURS PER DAY USING MAE:   |
| • ADDRESS:                          | • AGE OF MAE:                |
| • TELEPHONE NUMBER:                 | • PROBLEMS WITH CURRENT MAE: |
| • EMAIL ADDRESS:                    | • HEIGHT:                    |
| • DATE OF BIRTH:                    | • WEIGHT:                    |
| • AGE:                              | • PREFERRED SUPPLIER:        |
| • DIAGNOSES (ICD-9s):               | • TRANSPORTATION RESOURCES:  |
| • REFERRAL SOURCE:                  | • EDUCATION/EMPLOYMENT:      |
| • PRIMARY CARE PHYSICIAN & ADDRESS: | • LIVING SITUATION:          |
| • REASON FOR REFERRAL:              |                              |

## Activities of Daily Living

- **Bathing:** Assist to transfer to shower/commode wheelchair
- **Hygiene:** Independent @ WC level
- **Dressing:** Assist lowers
- **Eating:** Independent at WC level

## 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 of with the MAE from the perspective of independence, safety, and quality

***“Sliding board transfer with moderate assistance due to instability and has a fear of falling.”***

## Weight Shifts

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

***“Pete is able to shift his weight by leaning with no reports of recent skin breakdown. At risk for pressure sores without skin protection cushion.”***

## 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

## Timed Up & Go (TUG) Test

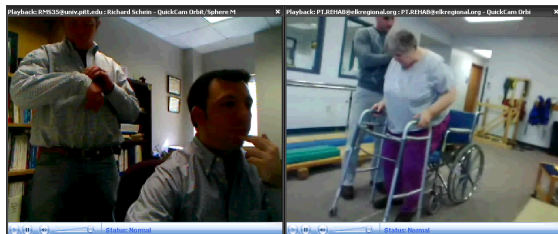
(Podsiadlo & Richardson, 1991; Shumway-Cook, Brauer, & Woollacott, 2000)

- 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

## Timed Up & Go (TUG) Test

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



## Home Accessibility

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

***“Pete lives in a fully accessible multi-story home with an elevator to access the basement. There is a ramped entrance to the front.”***

## FMA Scoring

|               |   |                  |   |
|---------------|---|------------------|---|
| Daily Routine | 1 | Transfers        | 5 |
| Comfort Needs | 5 | Personal Care    | 5 |
| Health Needs  | 5 | Indoor Mobility  | 5 |
| Independence  | 1 | Outdoor Mobility | 1 |
| Reach         | 2 | Transportation   | 5 |

**Pre-Total: 35**

## Physical Motor Assessment

- **UPPER EXTREMITY FUNCTION:** Bilateral shoulder flexion limited to 120 degrees with 4/5 strength. 4/5 bilateral elbow flexion/extension and 3/5 bilateral grip.
- **LOWER EXTREMITY FUNCTION:** Full passive range of motion with no active movements or sensation below C8. Spasticity noted bilaterally.
- **POSTURE (SITTING & SUPINE):** Sits symmetrically however hips tend to splay outwards. Good static sitting balance with upper extremity support. Poor dynamic sitting balance.

## Goals for New MAE

- Have client state what they want
- Independent mobility across all surfaces
- Avoid pressure sores
- Improved stability of the wheelchair to avoid tips and falls
- Maneuver within the home
- Fit within office work station
- Maneuver and fit within van

## Physician Assessment

- Typical of any History & Physical
  - Chief complaint
  - Past Medical History
  - Social History
  - Family History
  - Review of Systems
  - Assessment
  - Plan

## Other Assessments (i.e. Pressure Mapping)

*"Pressure mapping using the Force Sensing Array (FSA) system revealed some peak pressures over the ischial tuberosities however these resolve as Pete leans forward and side to side. He prefers his current style cushion as it provides support and facilitates his ability to transfer with a sliding board."*

## Devices Tried

*"Pete was provided with an opportunity to try front, mid, and rear wheel drive power wheelchairs. He 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."*

## Client Impressions

*"Pete reported that he was satisfied with the performance of the mid-wheel drive Invacare TDX-SP power wheelchair due to the maneuverability and wishes to pursue it as a reasonable alternative for safe and effective mobility within the home and community."*

## ATP Home Assessment

For the home evaluation an Invacare TDX-SP mid-wheel drive Group 3 power wheelchair was used. He lives with his wife in a multi-level home with the entrance, living area, office, kitchen, diningroom, bedroom, and bathroom on the first floor. There is an elevator with 48" opening and 60" deep to access the garage and basement. Space is open and doorways are all wide enough for the power wheelchair. He has a roll-in shower and uses a shower/commode wheelchair. He has a roll-in shower and uses a shower/commode wheelchair.

## ATP Home Assessment cont'd

There is an accessible deck off the kitchen. He has a long sloped driveway. Mailbox is at the end of the driveway. Entrance is level with 36" doorway. He also has accessible emergency egress from the basement and off the kitchen to the deck which has a ramp to the yard. The electrical outlets are all grounded for safe battery charging. Smoke alarms are present in home on both levels. He maneuvered the TDX-SP power wheelchair throughout the home without any difficulty. The device also fit on his van lift and maneuvered within the van for transfer to the driver's seat.

## Recommendations

- **Mobility Assistive Equipment:** Invacare TDX-SP Group 3 Power Wheelchair
- **Supplier:** Jim Dealer, ATP of Penn Wheelchair Supply
- **Estimated Length of Need:** 99 months/lifetime

## Specifications & Justification

- |                    |                |
|--------------------|----------------|
| • Cushion          | • Head Support |
| • Lap Belt         | • Tires        |
| • Seat Functions   | • Anti-tippers |
| • Seat Elevator    | • Transport    |
| • Foot/Leg Support | securement     |
| • Backrest         | • Batteries    |
| • Arm Support      | • Controller   |

## Implementation Plan

The specifications of this prescription will be submitted to Pete's primary care physician and insurance carrier for authorization. Upon approval the specifications will be provided by Jim Dealer, ATP of Penn Wheelchair Supply and delivered to the Center for Assistive Technology for fitting and delivery. Upon delivery, Pete will be trained in the use of the mobility device and will demonstrate safe and effective use. In addition, he 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 his needs.

## Rhonda



## Tilt, Recline, Elevating Legrests

- Power tilt-in-space and recline are necessary as she has limited ability to reposition herself as well as increased tone throughout her body.
- Elevating legrests are necessary to assist in managing lower extremity spasticity, edema, and comfort. Elevating leg rest are also a necessary component for the standing feature.

## Seat Elevator

- A seat elevator is needed as it will allow her to transfer more independently, safely, and efficiently by raising the seat to transfer downward.
- Likewise, it will also allow her to reach and carry out tasks at different surface heights given her limited upper extremity function.
- This feature is also necessary to operate the standing feature.

## Passive Standing

- She needs to be able to stand in order to range her lower extremity joints to prevent further contractures and decrease muscle spasms.
- Her need for all these seat functions is consistent with the Rehabilitation Engineering & Assistive Technology Society of North America's (RESNA) Position Papers on these devices. See Arva et al (2009), Arva et al (2009), and Dicianno et al (2009).



## Therapy Billing for Wheelchair Assessment & Services

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## Billing for Therapy Services

- **Disclaimer: I AM NOT A BILLING EXPERT!**
- Info based on Experience in PA, OH and WV
- Based on what has worked for me & colleagues
- Policies differ
  - depending upon practice setting
  - location of services
  - know the LCD in your area
  - private insurances are different
- Check with your billing department



## Commonly Used CPT Codes

- [97001](#) – Physical Therapy Evaluation
- [97003](#) – Occupational Therapy Evaluation
- [97755](#) – Assistive Technology Assessment
- [97535](#) – Self-care/Home Management Training
  - Less applicable since changes to 97542
- [97542](#) – Wheelchair Management

## [97001](#) & [97003](#) PT & OT Evaluations

- Evaluation codes are non-timed codes
  - regardless of the time spent doing the evaluation you can only bill as “1” unit
- Requires a written report

## [97755](#) Assistive Technology Assessment (Introduced 2004)

- To restore, augment or compensate for existing function
  - Optimize functional tasks
  - and/or maximize environmental accessibility
  - Direct one-on-one contact by provider,
  - [With written report,](#)
  - Each 15 minutes
- Reference: *CPT 2007, Standard Edition* (AMA, 2006)

## [97535](#) Self-Care / Home Management Training

- Self-care/home management training
  - activities of daily living (ADL)
  - compensatory training
  - meal preparation
  - safety procedures
  - [instructions in the use of assistive technology devices/adaptive equipment](#)
- direct one-on-one contact by provider
- with written report
- each 15 minutes

## [97542](#) Wheelchair Management *CPT Changes (AMA, 2006)*

- Includes:
  - assessment
  - fitting
  - training
  - each 15 minutes
- Assessment includes:
  - all aspects of the assessment process:
    - the need for a wheelchair
    - the type of wheelchair

## [97542](#) Wheelchair Management *CPT Changes (AMA, 2006)*

- Assessment includes but is not limited to:
  - the patient's strength
  - endurance
  - living situation
  - work situation
  - ability to transfer in and out of the chair
  - level of independence
  - weight
  - skin integrity
  - muscle tone
  - sitting balance
  - wheelchair measurements

## **97542 Wheelchair Management**

*CPT Changes (AMA, 2006)*

Patients abilities including:

- Propulsion
- Transferring from the chair to other situations
  - (bed, toilet, car)
- Use of the chair's locking mechanism on various types of equipment for optimal determination of the appropriate equipment by the patient and caregiver

## **97542 Wheelchair Management**

*CPT Changes (AMA, 2006)*

Treatment may include:

- observing the patients abilities
- practicing maneuverability skills
- adjusting seating or other wheelchair components
- training in problem solving real life situations for work, home or recreation areas

## **Additional Billing Considerations**

- Consolidated Billing Provisions for Home Health Prospective Payment System (HH PPS)
- Therapy Cap

## **Consolidated Billing for Home Health Prospective Payment System (HH-PPS)**

- If a patient is currently enrolled in "Home Health Episode"
- The Home Health Agency (HHA) is primary for all services provided
- Any service provided by another agency will be denied while patient under HHA plan of care

## **Therapy Cap**

<http://www.cms.hhs.gov/manuals/downloads/clm104c05.pdf>  
[www.aota.org](http://www.aota.org)

- If the therapy cap applies to your treatment setting:
  - Inform you patients about the cap
  - Monitor cap amounts for your patients
  - File for exception if needed

## **Closing Thoughts for Therapists**

- Distinguish yourself in wheelchair service
- Connect with suppliers
- Provide good, timely documentation
- Get referrals