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# Writing a Letter of Medical Necessity for a Wheelchair

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June 2015

# Objectives

- Identify 5 components of a Letter of Medical Necessity
- Explain the Medicare algorithm for MAE (Mobility-assistive Equipment)
- Give 3 examples of MRADLs (Mobility-related Activities of Daily Living)



# Purpose of the LMN

- Documents the medical need for the recommended equipment
- Allows the payer to understand the needs and authorize the equipment
- Provides specs for the wheelchair checkout at delivery



# Persons involved

- Client
- Caregivers
- Therapist
- Supplier (ATP)
- Physician (sometimes on-site)



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# Client

- Gives an accurate history
- Indicates his/her needs and desires
- Participates in discussion of components and strategies



# Therapist

- Performs a comprehensive evaluation
- Documents the evaluation and wheelchair specs
- Justifies each component of the chair
- Follows up as needed



# Supplier

- Checks “same or similar” equipment
- Provides order forms and information
- Participates in the selection of the equipment
- Educates the physician about MC rules
- Obtains physician signatures



# The Evaluation includes:

- Detailed history
- Neuromuscular status
- Sensation
- Pain
- Functional status



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# The Evaluation

- Social/living situation
- Mobility needs and recommendations
- Seating and positioning needs and recommendations



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# Mobility limitation or deficit

- Something that prevents the consumer from accomplishing his/her MRADLs at all, or places them at a heightened risk of morbidity or mortality because of the attempts to perform an MRADL, or to accomplish it in a reasonable time frame



# MRADLs (as per Medicare)

- Toileting
- Dressing
- Grooming
- Bathing
- Feeding



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# Medicare algorithm

- Cane or walker? Y/N
- Standard wheelchair? Y/N
- Light weight wheelchair? Y/N
- High strength light weight wheelchair?  
• Y/N



# Medicare algorithm

- “Optimally-configured” manual wheelchair? Y/N
- Scooter? Y/N
- Power wheelchair? Y/N



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# Ruling out manual wheelchair

- Trial with “optimally-configured chair”
- Objective data about consumer’s performance: time/distance, heart rate, pulse ox, blood pressure, perceived exertion



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# Ruling out manual wheelchair

- Environment: smooth surfaces, carpet, rugs, door sills, ramps
- Availability of caregiver to push chair



# Ruling out scooter

- Safe transfer on and off
- Ability to sit on “fish-on” seat
- Use of both upper extremities
- Sufficient use of thumbs/fingers
- Sufficient room within the home





# Another criteria

- The person “has not expressed an unwillingness to use the recommended device”



# Type of language

- Use the most precise terms but assume that the reader has limited knowledge
- Use the language written in the policy
- State the policy number and quote from it (cut and paste)



## “In the home”

- Medicare is saying that without this equipment, the user would not be able to get to the bathroom, bedroom, meals, etc
- Any item that is used only for mobility outside the home is not covered



# “In the Home”

- Getting to the bathroom for toileting, bathing, and grooming
- Getting to an area for dressing
- Getting to the bedroom for sleeping
- Getting to meals



# Functions not included

- Medical appointments such as doctor and therapy
- Social events
- Exercise
- Getting the mail
- Doing laundry



# LMN for power wheelchair

Analyze section by section



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P. T. Evaluation for Mobility-Assistive Device

Provider name: Bryn Mawr Rehabilitation Hospital Medicare provider no. 393025

Patient name: Jill Brown

Insurance company: Medicare

Referring physician: Lauren Wilson MD

Primary diagnosis: ALS 335.20

Policy #: 1234M

Start of care date: 4-15-15

Treating diagnosis: gait dysfunction



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## GOALS

Evaluate mobility and need for power wheelchair  
Access to Mobility-related ADL's within the home

## ASSESSMENT

Jill is a 57 year old woman who is unable to walk or to self-propel a manual wheelchair, and who requires a power wheelchair in order to move around within her home to access her MRADLs

## TREATMENT PLAN

Pursue documentation and funding for a power wheelchair  
Follow up visit once new equipment arrives

\_\_\_\_\_ The patient was involved in the goal-setting and is in agreement with the plan  
Frequency and duration of treatment: one visit, 4-15-15, 10:30am-12:15 pm

\_\_\_\_\_  
Susan Christie PT, ATP

\_\_\_\_\_  
DATE

I have read this plan of treatment and these recommendations and agree with them

\_\_\_\_\_  
Ling Chen MD

\_\_\_\_\_  
DATE



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Medical history: ALS diagnosed in November 2014. Unable to speak, and is fed mostly by tube feedings. Dependent lower extremity edema. She uses a BiPap at night and part-time during the day. She is 5'6", 106 pounds, BMI 17.1, (underweight)

Social: Jill lives alone in a one-story home with a ramp to enter, and has some assistance during the day. She is unable to speak and uses a text-to-speech program on her iPad to communicate face-to-face, and uses email for remote communication

Neuromuscular status: quadriplegia. Trunk and neck strength are 2/5 with very weak cough. Upper extremities have functional passive range with shoulder strength grossly 3-/5, elbow 3+/5, grip 2/5 with wasting of the intrinsic muscles of the hands. Lower extremities show functional passive range of motion. Right hip flexion 1/5, knee extension 2-/5, ankle 1/5. Left hip flexion 2-/5, knee extension 3-/5, ankle 2+/5. She does not report any loss of sensation, but does report "pins and needles" in her right leg and left arm. She wears a neck brace to hold her head up because she does not have enough strength to lift it against gravity.



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**Pain:** Jill reports pain from muscle cramping, all over her body especially in the large muscle of her legs which are not relieved by medication or changing position

**Functional ability:** Jill transfers independently with a walker or sturdy grab bar for stability. She is independent in toileting, grooming, and feeding with set-up once she is at the appropriate location. Meals are prepared by friends or caregivers. She showers using a shower bench with assistance of one person.

Jill demonstrated her ability to drive a power wheelchair safely using a joystick, going forward, backward, making turns, and navigating through a 36” wide doorway. She was able to avoid people and obstacles in the halls and to get on and off an elevator.



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Jill has a mobility deficit which cannot be remediated with a cane or walker as she is unable to stand or walk due to ALS and insufficient muscle strength.

She is unable to propel any type of wheelchair because she does not have enough trunk, arm, or leg strength and she does not have a caregiver available 24/7 who can push her in a manual wheelchair. She is not able to operate a scooter (POV) because she does not have enough strength to use a tiller-type control, so she requires a power wheelchair in order to move around within her home and to access her MRADLs. She needs to get to the bedroom for sleeping, the bathroom for toileting and bathing, and to the kitchen and eating area for her meals. Without a power wheelchair, she would be unable to perform her MRADLs because she would not be able to get to the appropriate location within her home.

Current mobility equipment: Revo three-wheeled scooter borrowed from a friend. Loaner power wheelchair from the ALS Association to be delivered to her following this appointment as she is no longer able to use the scooter. Borrowed transport wheelchair, shower bench, commode, and walker for transfers



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Josh Harris ATP of ABC DME Company was present at this evaluation and participated in the selection of the equipment. BMRH has no financial relationship with this DME company.

Jill had a chance to see several mid-wheel drive power wheelchairs as well as a Permobil front-wheel drive wheelchair. She drove the front-wheel drive Permobil.

Jill did not expressed an unwillingness to use the equipment that has been recommended



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## RECOMMENDATIONS

-Permobil C300 front wheel drive power wheelchair, set up for multiple power seat functions, to give her safe and independent mobility and access to all areas of her home and her ADLs. This wheelchair base can accept the power seating functions that she needs to manage her quadriplegia

-Flat-free inserts in tires as she cannot fill air tires

-Shroud color purple rain with matching hub caps

-Power adjustable seat height to allow her to transfer more safely by raising the seat to assist her into the upright position for the stand-pivot transfer.

-One pair of sealed gel batteries and charger to power the chair

-Fixed vent shelf for BiPap so that she can have it with her at all times to assist in her breathing

-Enhanced steering platform, required with vent shelf to assure that Jill will be able to drive the wheelchair safely with the vent shelf on it

-R-net remote joystick with mono-jacks, needed to drive the chair and access all of the power seat functions



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- Standard joystick knob
- Retractable joystick hardware on right side so she can move the joystick out of the way for transfers
- Expandable controller and wiring harness, needed for multiple power seat functions and appropriate for Jill and her neurological diagnosis
- C3G power tilt and power recline. Jill needs the power tilt so that she can shift her weight and reposition herself in the seat as she is unable to perform an effective weight shift due to her quadriplegia and the progressive nature of ALS. She needs the power recline to change her hip angle to accommodate for her trunk and neck weakness and her inability to hold herself upright against gravity, and for skin pressure management as she is unable to perform an effective weight shift. The combination of the two power seat functions is more effective for her than either one alone
- Multiple power seat function control kit to allow use of more than two power seat functions through the joystick, needed by Jill because of her quadriplegia



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- Push buttons on ICS box, mount onto R-net joystick bracket
- Solid back, 16"W X 25"H to support her partially-paralyzed trunk
- Roho back cushion with adjustable air to cushion her back and protect her skin. She is very boney and is at risk of pressure ulcers along her spine as she leans heavily on the back for support
- One pair of foam wedges (Quantum) to further contour the back for postural stability
- Narrow corpus seat frame, 17"W X 19"D for body measurements of hip width 16" and seat depth 19"
- Roho seat cushion, full profile, single valve for adjustable skin protection. She is at risk of pressure ulcers because of her low body weight, inability to perform an effective weight shift, and quadriplegia
- Narrow arm bar kit, set at 16" between the armrests
- Adjustable height armrest, set at 10" to support her arms
- Medial swivel locked on armrests



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- Arm pad size 4X13 on right and 4X16 on left to support her arms and allow access to the joystick
  - Power center mount elevating legrests to allow her change her knee angle and to manage her lower extremity edema as she cannot do the manually. Also for use with power recline
  - Two-piece wide foot plates to support her feet, set at 14”
  - One pair of calf supports, 5W X 6.5H to prevent her lower legs from sliding back on the foot plates
  - Push button seat belt to help maintain her position in the seat
  - Savant adult headrest with anterior strap to support her head and neck as she is unable to hold her head up against gravity without support
  - Adjustable attaching hardware and adaptor so that the headrest can be placed exactly where it is needed, and removed for transfers
  - One pair of lateral thigh supports, 8X3.5” with removable attaching hardware to keep her thighs aligned as they tend to abduct because of her muscle weakness
  - Two mini-cup switches to allow her to access the MODE and the ON/OFF buttons on the joystick for driving and power seat function.
- She is unable to lift her hand to reach the push buttons on the joystick due to quadriplegia



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# LMN for a K0005

- Must rule out other lesser chairs
- Must show that the user is “highly active”
- Must show that features unique to K5 chairs are needed



# K0005 policy

- Beneficiary must be a full-time manual wheelchair user
- Beneficiary is highly active
- Beneficiary must require individualized fitting and adjustments for one or more of the following features; axle configuration, wheel camber, or seat and back angles, and which cannot be accommodate with K0001-K0004 wheelchairs
- Beneficiary requires “on-going critical support”



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# LMN for an ultralight chair

- Analyze section by section



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Mike, age 53, diagnosis Multiple Sclerosis

Neuromuscular status: spastic quadriplegia with upper extremity strength grossly 3+/5, trunk strength grossly 3/5, and lower extremity strength grossly 2+ to 3-/5. He has moderate to severe lower extremity spasticity, and impaired coordination in both upper and both lower extremities. Sitting posture shows pelvic asymmetry with left hip higher, mild scoliosis, moderate fixed kyphosis, and 3/5 sitting balance.

Functional ability: Mike transfers using a modified low pivot transfer slowly but without assistance. He is a full-time wheelchair user and cannot walk at all because of his quadriplegia. He is independent in wheelchair propulsion using an optimally-configured ultralight manual wheelchair on indoor and some outdoor surfaces, and is a highly active user. He drives a van with hand controls, loads his wheelchair into and out of the van, and does grocery shopping, goes to medical appointments, and does his banking and financial management. He requires the wheelchair to move around within his apartment to get access to his ADLs such as toileting, bathing, and meal preparation. In the community, he must traverse rough terrain, uneven sidewalk, slopes and ramps, and curb cuts.



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Mike has a mobility deficit which cannot be remediated with a cane or walker as he is unable to stand due to his quadriplegia. He presently uses an ultralight manual wheelchair and requires this type of wheelchair because he needs a specific configuration which cannot be achieved with a K0004 frame. He needs more seat slope than can be provided on a K0004 for postural stability because he has poor trunk strength and balance due to his MS. He needs the axle set forward of the standard position so that he can reach the wheels to self-propel himself efficiently. He cannot self-propel with the wheels in the standard position because his arms and shoulders are forward as a result of his kyphosis, and he needs camber in the wheels for side stability as he has had several falls from the chair when he reaches to the side to care for his dog. Chairs coded K0004 cannot be supplied with the axle set forward of the standard position or camber in the wheels. In addition to these features, he requires individualized fitting and on-going support for this wheelchair.



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# Resources at [www.RESNA.org](http://www.RESNA.org), choose Knowledge Center

- The Application of Pediatric Power
- The Application of Seat Elevating Devices
- The Application of Tilt, Recline, and Elevating Legrests for Wheelchairs
- The Application of Wheelchair Standing Devices
- The Application of Ultralight Manual Wheelchairs
- Wheelchair Service Provision Guide



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# Resources

- A Clinical Application Guide to Standardized Wheelchair Seating Measures of the Body and Seating Support Surfaces, revised edition, Aug 2013.
- Glossary of Wheelchair Terms and Definitions, version 1.0, Dec 2013
- Project director Kelly Waugh PT, MAPT, ATP
- Funding through a grant from PVA
- Both available at [www.ucdenver.edu](http://www.ucdenver.edu) and [www.ncart.us](http://www.ncart.us)



# Resources

- Dawson, D et al. (1994) Development of the Power-Mobility Indoor Driving Assessment for Residents of Long-Term Care Facilities. Canadian Journal of Occupational Therapy 61. 269-276



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# Resources

- Medicare local coverage determination policy, [www.medicarenhic.co](http://www.medicarenhic.co) and those in other areas
- Any private or commercial insurance company's website



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# Questions?