

## APTA: MOBILITY DEVICE CLINICAL DOCUMENTATION GUIDE

### Overview:

While safety and quality of care is most important when working with patients and clients, documentation throughout the episode of care is a professional responsibility, a legal requirement, and the most important factor to successful payment of a claim. The patient’s medical records are expected to reflect the need for the care you provide and equipment you recommend. It must support the fact that whatever is billed (services and/or equipment) is medically necessary, required skilled physical therapy services, and is certified by the physician. If you provide the correct documentation, and it follows the policies of the payer, 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 most payers (e.g. CMS, Medicaid, TriCare) 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 as primary author on the documentation they prepare and request you to cosign.

**For details on what to include in your documentation, guidance on showing the “match” between the patient and the technology, tips for writing your report, and resources for finding payer policies, see the table below.**

<b>CONNECTING THE DOTS: THE PERSON–TECHNOLOGY MATCH</b>
The mobility device documentation report should: <ol style="list-style-type: none"> <li>1) present the evaluation findings;</li> <li>2) identify the patient’s problems and potentials;</li> <li>3) specify the goals of the positioning and mobility intervention;</li> <li>4) specify the recommended technology features; and</li> <li>5) provide medical rationale for each feature that is required for the patient.</li> </ol>
Avoid general statements and “canned” policy language. Instead provide specific rationale as to why each technology feature is required to meet a medical or functional need for the patient.
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 patient. Anticipate reviewer questions and address them in your documentation.

## **TOP 10 DOCUMENTATION TIPS FOR SEATING AND MOBILITY DEVICES**

- 1) Limit the 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, care coordination, research, patient/caregiver education, and referrals to other health care providers
- 7) Document your clinical decision making process. Include why you chose the intervention; why it is necessary; why you ruled out a less costly alternative.
- 8) In the plan of care, include the duration and frequency of follow-up treatment needed (eg, fitting, custom molding, mobility skills training, transfer training).
- 9) Anticipate reviewer questions and address them in your documentation.
- 10) Clearly state the name, title, designation, license number, and contact telephone number of the author of the documentation.

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Your documentation must demonstrate the patient's need for skilled therapy services and recommended durable medical equipment (DME)-mobility assistive equipment (MAE) based on the patient's health condition, diagnosis, functional prognosis, and factors that indicate treatment effectiveness and outcomes. You must understand payer policy and state and federal regulations and work with the patient to recommend what is most appropriate. At times there may be a difference between what is necessary and what is covered by the payer. In these instances, you must identify, discuss, and document the difference and consequences that may result.

The goal of therapy services and MAE is for the patient to return to the highest level of (function and independence (activity) realistically attainable considering immediate and future anticipated needs (health condition) and environments typically encountered in the course of daily activities (environmental factors). Your documentation must show how the skills of the therapist are required to evaluate the patient's mobility needs; and to identify, recommend, and justify appropriate MAE (e.g., cane, walker, rollators, manual and power wheelchairs, seating systems and accessories) and related therapy services (e.g., gait training, transfer training, manual or power wheelchair mobility skills training, functional mobility skills, caregiver training) to ensure safety and achievement of identified goals.

Covered physical therapist services and covered MAE must relate directly and specifically to a written plan of care and must be reasonable and necessary for the treatment of the individual's illness or injury. Address in the plan of care specific patient goals and outline type, frequency, and duration of treatment interventions. MAE recommendations should describe in detail the features of, and explain the rationale for, each specific option or accessory requested must be certified/approved by the physician.

The evaluation must be tailored to the individual patient's condition. Provide in your report information about the following elements as well as other relevant details. Each element does not have to be addressed in every evaluation; however, it is beneficial to acknowledge that it was considered and not applicable.

### **Intake and History: Describe the patient's environment, functions, and activities/participation on a typical day including limitations and restrictions. Include as much objective information as possible.**

Who was present	Name who is present during the examination (clinician, supplier, family, caregivers)
Demographic information	General demographics such as name, age, sex, height, weight
Referral mechanism	Self-referral or request from another practitioner (specify)
Referring medical diagnosis	Onset date, prognosis and progression, specifying ICD codes related to positioning and/or mobility impairment
Medical/surgical history	Pertinent history related to positioning and mobility impairment
Reason for referral/chief complaint	Functional positioning and/or mobility limitation, assistance and devices needed, what has changed to now require a new device
History of positioning and/or mobility problem	Progression of positioning/mobility limitation, technology used/tried, medical/surgical/treatment interventions, results of interventions
Treatment diagnosis/ICD-9 related to positioning and/or mobility problem	Review payer policies for eligible ICD-9 codes that support medical necessity (eg, abnormal posture, abnormal gait, lack of coordination, abnormal involuntary movements, pressure ulcer, pain)
Patient/family/caregiver goals	Goals for clinical services and seating and mobility assistive equipment
Social status	Living situation (e.g., lives alone, lives with family, receives attendant care including hours/week and assistance provided)
Home environment and accessibility	Type of home (e.g., ranch or split-level house, apartment, mobile home, assisted living), home accessibility (e.g., entrance, doorways, floor surfaces, measurements)
Environmental accessibility	Terrain typically encountered (e.g., grass, gravel, hills, side slopes, inclement weather, environmental obstacles), describe environmental facilitators/barriers
Employment/work status (job/school)	Occupation (typical job duties), school/work tasks, functions, workstation accessibility needs
General health status	Social/health habits (past/current)
Functional status/activity level	Self-care, Routine daily activities (medical appointments, cooking/cleaning, shopping, recreation), roles/responsibilities (parent, primary caregiver), 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: Provide equipment-specific information.**

Existing equipment	Mobility assistive equipment (e.g., cane, walker, manual/power wheelchair, scooter), bathroom equipment, other devices/home/vehicle modifications, prosthetics/orthotics
Current seating and mobility equipment	Explain what worked/didn't work, describe position/function from current equipment; make, model, serial number, condition, size, age, supplier and payer; and reason for new equipment

<b>Functional Assessment: 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.</b>	
ADL/IADL status	Mobility equipment and assistance needed to perform ADLs/IADLs (specify equipment used)
Mobility Status	Bed mobility, transfer status, ability to weight shift (e.g., method, effectiveness)
Walking /Ambulation status	Ambulation (assistance, device, distance, speed, safety, surfaces, prosthetics/orthotics), standing balance, standing endurance, fall risk
Wheelchair propulsion status	Propulsion assistance, device, distance, speed, safety, surfaces, WC skills (eg, inclines, rear wheel balancing, curb cuts, door thresholds, curbs), power mobility status (eg, input device, safety, surfaces)
Endurance	Activity tolerance, duration, intensity, sitting time
<b>Screening of Body Functions: May require further physical examination, referral, or consideration of seating/mobility needs.</b>	
Cardiovascular/pulmonary/circulatory status	Heart rate, BP, respiratory rate, oxygen saturation, response to activity, supplemental oxygen, ventilator support ,edema, lymphedema, 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, integration needs
Vision/hearing status	Functional, correction, impact on use of mobility device
Bowel/bladder functions	Continent, incontinent (frequency), self cath, intermittent cath, suprapubic cath
<b>Physical Examination and Test &amp; Measures: Focus on body functions and structures that are responsible for the patient's positioning and/or mobility impairment.</b>	
Sensation	Intact, impaired, absent, location (describe)
Pain	Location, severity, what exacerbates/what relieves
Skin integrity	Skin inspection, current/history of pressure ulcer (location, stage, surgery), scar formation, risk factors, hours sitting/day
Skeletal alignment/Posture	Sitting posture/supine posture (active/passive), flexible/fixed
Balance	Static and dynamic sitting/standing balance, supports needed
Strength	Manual muscle test, muscular endurance
Range of motion (Muscle length and joint mobility/flexibility)	Goniometry of extremities, 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
<b>Wheelchair Assessment: Describe technology-specific trial, simulation, and specification.</b>	
Technology trial/simulation	Equipment features trialed and results
Measurements	Body measurements (e.g., hip width, sacrum to popliteal fossa, lower leg length, shoulder 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
<b>Evaluation and Plan of Care: Describe goals, treatment procedures/interventions, recommended equipment, feature specification and clinical rationale, duration/frequency of services required to attain goals, anticipated discharge plan.</b>	
Diagnosis related to positioning and/or mobility limitation	Factors that are influencing the individual's condition and/or level of functioning in his or her environment. Diagnosis code must correspond to payer coverage policy. Review payer policy for eligibility criteria.
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 completion date, appropriate for patient and diagnosis
Goals for MAE intervention (Expected Outcome)	A realistic evaluation of the patient's functional potential with the use of the recommended equipment, stated in measurable terms related to functional activity
Plan for interventions and/or additional test and measures	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	Details of recommended equipment features and clinical rationale for items requested