

Customized Wheeled Mobility for Patients with MS

A Guide to Mobility Options & Prescription Documentation

Wheeled Mobility Device

Patient Indicators

Self-propelled manual chair

- Unsteady gait with risk of falls
- Fatigue
- Independent postural stability/good upper body strength
- Ability and endurance to propel chair

Scooter — 3 or 4 wheel

Standard: *Low back seat;
Foam seat cushion*

Deluxe: *Higher back;
Contoured seating*

- Increased difficulty propelling a manual chair
- Limited ambulation, especially for distance
- Adequate posture and core strength; good seating balance without external support
- Good upper extremity function: arm/hand coordination to keep two hands on steering tiller and operate scooter
- Ability to re-position and transfer independently
- Ability to safely maneuver scooter and manage limited stability

Power Chair

Location of the drive wheel:

Real Wheel Drive; Mid Wheel Drive; Front Wheel Drive

- Inability to maintain upright seating position without external support
- Forearm support and/or joystick needed to provide for easier maneuverability and steering
- Ability to re-position independently; not at risk for skin breakdown
- Potential need for future power seating system upgrades

Power Chair with Power Seating Functions

*Customized seat cushions,
arm rests, leg supports, controller*

Tilt/Recline

- Decreased head/trunk control
- Risk of skin breakdown or a wound history
- Limited ability to re-position
- Contractures/non-symmetrical alignment of pelvis/trunk
- Fixed or flexible deformity leading to uneven pressure distribution
- Progressive weakness and diminished energy
- LE edema that requires elevating leg rests with seat tilt
- Potential need for power seat options (seat elevators to facilitate transfers; elevating leg rests to change angle of knee flexion)

Specialty Positioning Chair (Manual)

All of the above

- Inability to safely operate a power chair due to lack of vision or judgment
- Lack of sensation on seating surface
- Inability to independently re-position
- Tilt/recline function required for pressure relief, to decrease risk of pressure ulcers, avoid contractures, and/or manage LE edema
- Less than 90° hip flexion
- Rest without requiring transfer to a bed or static chair

When is a Prescription Needed?

Ambulatory Patient

Ambulatory patient exhibits changes in level of fatigue; loss of balance when walking; increased frequency of falls; high risk of fracture; significant decrease in walking speed



Manual Wheelchair

Manual Chair User

Manual chair user is pushing more slowly; has labored breathing or shortness of breath; has decreased upper body strength; needs energy conservation



Scooter

Scooter User

Scooter user is losing seating balance and exhibiting insufficient body strength for transfers; postural issues



Power Chair

Power Chair User

Power chair user is at increasing risk for skin breakdown; has decreased sensation on seating surfaces; is unable to re-position independently or shift weight



Power Chair with Specialized Seating and/or Tilt/Recline

Assessment & Seating Options: Avoiding Costly & Life-Threatening Complications

Components of Assessment

- **Assess Skin Integrity and Risk of Pressure Ulcers**
 - Extent of impaired sensation and ability to sense discomfort
 - Ability to re-position and shift one's weight
- **Determine Postural Support Needs**
 - Identify those who can sit independently ('hands-free' sitters), those who require one or both hands to support balance ('hand dependent' sitters), and those who require trunk support to sit ('prop' sitters).
 - Assess pelvic mobility, hip flexion, hamstring tightness, and neck/trunk strength

Potential Seating Options

- Contoured seat cushions
- Air-filled, gel, foam or fluid flotation cushions that redistribute the weight of the body away from areas directly beneath the bones
- Molded supports for the seat, backrest and headrest; backrest angle modification
- Placement of foot rests to accommodate tightness in hamstring muscles
- Power seating to adjust position and redistribute pressure

See National MS Society Clinical Bulletin "*Seating and Mobility Evaluations for Persons with Multiple Sclerosis*"
nationalMSSociety.org/ClinicalBulletins

Customizing Equipment: What are the Elements?

Proper Fit

Proper fit necessary to optimize function, reduce risk, and avoid serious and potentially life-threatening clinical complications.

Driving Control Options

Driving options range from tillers (scooters) and joy sticks to chin control, sip 'n puff, and head array.

Long-term Flexibility

Modular equipment with adjustable frames and seating parameters provides flexibility for any future modifications that may be needed.

On-going Re-assessment

Variability and progression of MS require continual monitoring of seating and positional needs.

Clinical Notes & the Mobility Prescription Process

- **Carefully document patient functioning at each visit.**
 - Ambulatory/mobility status, with periodic administration of Timed 25 ft. Walk Test
 - Posture and seating balance
 - Re-positioning ability
- **Record patient's satisfaction in getting around, particularly on one's worst day,** frequency of falls, status of in-home mobility. Seek family's observations of patient's mobility needs.
- Note **patient's physical and cognitive impairments as they would impact safe use of a mobility device.**
- Document **MS prognosis and likelihood of disease progression.** Most mobility equipment, particularly powered mobility, is expected to be used for several years. Physicians and patients need to think ahead and anticipate that period of time.

Engaging & Motivating the Patient

Assessing the Need — Important Patient Conversations

- What is your current level of satisfaction with regard to getting around? What is working? What is not?
- Have you had any falls at home? Falls elsewhere? How often?
- What mobility aides do you use now?
- Have you seen changes in the last 2 years? In the last year? Has there been a change in where you have been able to go during this past year?
- How accessible is your home? Are there steps? Wide doorways?
- Can you currently safely evacuate your home independently in an emergency?
- If employed, what is the accessibility of your workplace?
- What is your means of transportation? Personal? Public? Ability to transport mobility equipment?

Talking Points to Encourage Patients to Consider Enhanced Mobility Options

- “Conserve to Preserve”...you want to limit the impact of fatigue.
- People with MS often mix and match a range of mobility aides due to the variability of the disease.
- When we stop doing things due to mobility limitations, our life space gets smaller.
- Mobility options enable continued participation in family and community activities.
- Experiencing physical stress in order to move around should not be necessary; mobility should not be an aerobic exercise.

See National MS Society publications:

- *“Talking about Wheeled Mobility”* for healthcare professionals
nationalMSsociety.org/TalkingAboutWheeledMobility
- *“How to Choose the Mobility Device that is Right for You: A Guide for People with MS”* ***nationalMSsociety.org/MobilityDevice***

Preferred Referral Sources for Mobility Assessment

Wheelchair Clinics

At wheelchair clinics, therapists and wheelchair suppliers work together to conduct a full needs assessment, prescribe customized equipment, and train the patient in its use.

Assistive Technology Professionals (ATP)

Physical therapists (PT), occupational therapists (OT), and equipment suppliers who have earned the ATP credential from RESNA (Rehabilitation and Engineering Assistive Technology Association of North America) and specialize in seating and mobility. (***resna.org***)

Medicare Prescription Process & Required Face-to-Face Visit

Private insurers usually follow Medicare procedures & regulations

- The “Ordering Physician” provides a prescription to the patient for a “Wheelchair Evaluation and Assessment.”
- The patient is referred to a wheelchair clinic or to an OT or PT with expertise in MS and seating and mobility. Patient also has the right to choose his/her own PT or OT.
- Credentialed supplier must be part of the evaluation.
- A home assessment may be conducted as part of the process.
- Therapist conducts the assessment and evaluation and writes the letter of medical necessity, which is addressed to the third party payer or insurance company. Each feature of the wheelchair is justified.
- Physician receives PT/OT’s clinical notes and the letter of medical necessity. The physician must sign statement that says “I have read and concur with these evaluation findings.”
- A Face-to-Face meeting between the ordering physician and the patient must take place and be documented in the patient’s record. Copies of the face-to-face office visit notes and other supporting medical documentation must be provided to be included in Medicare documentation packet.
- Physician discusses insurance coverage and cost implications of new equipment with the patient.*
- Physician signs the supplier’s Detailed Product Description (DPD), noting specifics of chair and seating system being ordered.
- Physician completes 7 Element Order that contains seven specific elements required by Medicare.
- Copies of office visit notes and ‘previous clinical record’ are signed and sent to the therapist/supplier, along with above-noted paperwork.
- Therapist/Supplier submits justification packet to the insurance company.
- Once payment is approved, the supplier orders the wheelchair.

* Payer sources will be Medicare, Medicaid, Private Insurance, or Private Pay. Private insurance usually follows Medicare in expecting that a scooter/power chair has a 5-year life expectancy with a 20% co-pay to the patient. It is because of this expectation that it is so important to factor likelihood of disease progression and patient ability to pay into the process. *(NOTE: If a patient does experience a significant change in medical condition within the 5-year period, strong justification, along with medical record notes that document the change of condition, can and should be submitted.)*

Appealing a Decision

The National Multiple Sclerosis Society has a Toolkit for Physicians entitled “Health Insurance Appeal Letters” <http://www.nationalMSSociety.org/InsuranceAppeals> that can assist you in writing an appeal.

A resource provided by:

MS *Clinical Care*

The MS Clinical Care Network is an essential resource for you and your patients.

nationalMSSociety.org/MSClinicalCare