Wheelchairs for Older Individuals with Severe Functional Limitations

PART 4
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Nebraska Medicaid Reimbursement Request Process

- Request for a wheelchair must include a prescription or physician and therapist-signed MS-79 form
- PA’s and nurse practitioners may also sign form
- Supplier gathers MS-79 from therapist (PT or OT, not PTA or COTA) and fills out MS-77 listing requested equipment and prices
- Supplier submits paperwork to Nebraska Medicaid Wheelchair Program
- Manual wheelchairs for Medicaid nursing home clients are rental only since 4/05
  - Seat cushions are purchased for these clients
  - Power chairs are also purchased

Request Process cont’d

- Requests for reimbursement are sent to consultants for determination of medical necessity based on documentation provided
- Additional documentation may be requested by consultant and a letter stating this is sent to supplier
  - It is supplier’s responsibility to get therapist to address this request
- Consultants recommend approval or denial and final determination and reimbursement is made by Nebraska Medicaid based on its policies

MS-79 Form Completion by Section

1. Client Information
   - Be sure to include height and weight

2. Evaluator Information
   - Be sure to include all those present at evaluation

3. Physical Status
   - Be very specific and don’t leave items blank unless they don’t apply
   - Be very descriptive regarding abnormalities in sitting posture, if this applies

4. Current Wheelchair
   - Describe completely
   - Reason for Replacement/Modification
     - Don’t just say “does not meet client’s needs”
     - Specify exactly why current wheelchair does not meet client’s needs

5. Current Seating System
   - Same as for Section 4

6. Current Equipment Means whatever client is using on a day to day basis, not trial equipment
   - Try to re-use positioning devices, etc., currently used by client that can be transferred to a new wheelchair
   - Consultants have access to prior request records

7. Equipment Recommendation and Justification
   - These must match those listed on form MS-77 from supplier
   - Be very specific as to medical need for each item
   - Don’t write so small that the consultant can’t read it—add extra page if necessary or use Word template
8. Other equipment considered
   • This is very important as it shows that some form of decision-making took place
   • For example, a less expensive (or more expensive) wheelchair or positioning system may have been considered but eliminated due to progressive nature of pathology or impairments

9. Expected client benefits
   • Accessibility
     - Make sure that you have reliable information about this; first-hand knowledge is best
     - Often, therapist does not really know how accessible a wheelchair is to home or transportation
     - Especially when a power wheelchair is involved, consultant may ask how therapist knows about accessibility
   • Client Trial/Demo
     - Document success by your descriptions of client use
     - If no trial was held, state why

9. Describe, in measurable terms, how client’s function/independence will be impacted with recommended equipment
   • These are long term goals or expected outcomes
   • They should be at the level of functional limitation
   • Do not use words like “improve” or “increase” unless quantitative information is also included
   • Consultants will ask for measurable goals (if they are not there) if there is any doubt at all about the need for one or more items on request

Examples of Goals
   • Client will be able to manually propel requested wheelchair independently to and from meals three times daily
   • Client will be able to manually propel wheelchair 100 feet in 5 minutes in order to reach dining room
   • Client will be able to sit in wheelchair up to 6 hours daily without expressing need to get out of chair
   • Client will be able to reposition self independently in wheelchair using power tilt in space feature

More Goals
   • Client will have no pressure ulcers while using wheelchair up to 4 hours daily
   • Client will be able to safely and independently operate power wheelchair in all necessary environments (specify these) whenever desired throughout the day
   • Client will maintain optimal posture in wheelchair in order to prevent development of fixed deformities for up to 8 hours daily
     - Define optimal posture, i.e., upright head, normal trunk alignment, etc.
     - This is a prevention goal
   • Client will be able to perform wheelchair to bed transfers with minimal assistance six times daily

Example of an Actual MS-79
   • Find in your handouts the handwritten form
   • We will discuss what could be improved in the documentation
   • This is not atypical of what consultants see from PT’s and OT’s
A Final Word

- Many styles and models of these devices exist; we have only scratched the surface!
- In complicated cases, teamwork is essential; PT’s, OT’s, physicians and credentialed suppliers are all crucial.
- Technology will be of no use unless the client and caregivers are an integral part of the decision-making process.

For More Information

- www.rehabcentral.com/
- www.abilityhub.com/
- See references at end of articles provided in handout packet

References


References