**Reason for Following Process Recommendations:**

**Medicare stroke clients are often discharged before it can be ascertained which mobility equipment will best suit their mobility needs and allow them to perform/participate in their**

**Activities of Daily Living. Yet they require a wheelchair to be discharged. Therefore a rental chair is currently requested which can cause many issues when trying to get Medicare to approve appropriate mobility equipment when specific client issues can be ascertained and documented.**

**In Patient Process**

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| 1. Patient admitted into Facility  With CVA left or right side   * 46,000 diagnosis in Southern California * 25% Hemiplegia or Hemiparesis | Neurological Conditions  Hemiplegia: Paralysis on one side of the body  Hemiparesis: Weakness on one side of the body. |
| 2. Diagnosed with Hemiplegia or Hemiparesis  R26.81 Gait Instability  I681.90 Hemiplegia OR  I69.354 Hemiparesis  I69.90 Late effects of CVA (Cerebrovascular Accident) | Send: Mobility Professionals  844.329.0990  Face sheet |
| 3. Evaluation  Evaluation of function level prior to discharge with Physical Therapist and Patient in Hospital   * Patient notes and evaluation started * Home evaluation planned with anticipated needs * Preliminary introduction of three possible mobility solutions   + Walking aids, manual wheelchair or power chair | Reasons for custom and power wheelchairs vs. transport or standard wheelchair   * Benefits of a Custom Wheelchair   + K0005 Ultralight weight configurable wheelchair     - Rear Axles can be placed 3” further forward to maximize leverage     - Adjustable posterior tilt of the seat and wheel camber will give better stability for residence ADL’s * Benefits of a Power Wheelchair   + If patient can not propel a smaller base Power Wheelchair is a great solution     - Group 3 PWC is only 24” wide which is 4 inches smaller than a manual wheelchair     - Can be configured with power tilt seat so patient can independently shirt positioning, reducing sitting pressure |
| 4. Prior to Patient Discharge   * Mobility Professionals to bring **“loaner”** chair * No charge invoice given to patient | * Transport Chair * Standard Chair |

**Out Patient Process**

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| 1. Home Evaluation   Ingress and egress issues within the residence. Looking for special obstacles such as split level floors, high thresh holds, furniture lay out or uneven exterior pathways. Access issues can cause possible issues with independent mobility and ADL’s | Important part of the process to determine how patient will use equipment in their own environment   * Are there obstacles that need to be removed so patient can operate equipment for ADL’s * Is a manual chair or power chair better for patient in their home environment * Measurements for door ways and thresholds * Community based activities |
| 1. Final Out Patient Therapy evaluation  * Evaluation with Physical therapist for final optimal seating and mobility equipment based on all the findings | * Notes from evaluation submitted to therapist which include  1. Seating mobility issues to be addressed 2. Equipment considered and not chosen with rationale 3. Equipment recommended and why client requires each item 4. Expected outcome |
| 3. Completion of final documentation and compliance review   * Therapist reviews all notes and combines with PT evaluation to create Letter of Medical Justification * Letter is signed and submitted to patients MD for patient face to face visit and modifications or con | * All paperwork is submitted for payor approval * Equipment is ordered * Equipment is assembled to patient recommended configuration |
| 4. Delivery of Custom Equipment | Payor final approval  Equipment is delivered, fit and operational training   * Review equipment with patient * Verify that equipment is configured correctly and adjustments made if necessary * Happy Patient ☺ | |