

7 Element Order

Medicare national and local policy specify that following completion of the face-to-face examination, **the physician or treating practitioner must complete a written order containing seven specified elements.**

Beneficiary name: John Blue

Item ordered: Power wheelchair

Date of face-to-face examination: 07/17/2013

Diagnosis/condition relating to need for item: Copd: chronic airway obstruction, not elsewhere classified, Spinal stenosis, lumbar region, without neurogenic claudication

Length of need: Lifetime = 99 months

Physician signature:

Physician name: Dr Eric Test

Signature date: 07/17/13 19:43:16

Electronically created, reviewed and authenticated by Dr Eric Test, 07/17/13 19:43:16

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John Blue
DOB: 08/22/1946
Date of Office Visit: 07/17/2013

Reason for Visit

Face to Face Mobility Device Evaluation

History of Present Illness

John Blue, 08/22/1946, male, has a personal mobility deficit Copd: chronic airway obstruction, not elsewhere classified, Spinal stenosis, lumbar region, without neurogenic claudication impairing participation in mobility related activities of daily living. He is here for a face-to-face evaluation to discuss the appropriate mobility equipment. This assessment is to document this patient's inability to ambulate effectively on a sustained basis. With the use of a mobility assistive device it will significantly improve the patient's ability to participate in MRADLS and the patient will use it on a regular basis in the home. Mobility Assistive Equipment is needed for accessing the toilet timely, safely, obtaining food and drink from the kitchen timely, standing long enough at stove to cook, moving from room to room timely, independently. Associated symptoms: abnormal gait, stumbling, falling, instability, weakness/fatigue, shortness of breath, balance. Mobility limitations have been present for 1 year and have progressed over time. Patient has a history of falling and has fallen once in six months. Patient broke his arm during a fall.

Social

Patient states that prior to his mobility deficit, his typical day consisted of laundry, housecleaning, exercise, preparing meals, interactions with other people. Since the mobility limitation, his typical day now consists of television viewing, laying in bed and spends 95% of his time sitting. He does not require assistance with dressing but does require assistance with bathing and is unable to prepare meals and relies on caregiver to complete grocery shopping and relies on a third-party service to complete laundry. Housework is not being completed; no one is cleaning the house. He lives in a house by himself, the home has adequate space to maneuver a power wheelchair within.

Other Medical History

Patient has used a cane and walker in the past; Symptoms that limit/ preclude usage: shortness of breath, heart palpitation, chest pain, leg cramps, joint stiffness, muscle pain, muscle weakness, fear of falling. Patient has reported pain in hip(s), knee(s), shoulder(s), feet. Patient

has also reported numbness in feet. He is not able to safely ambulate with a cane or walker ruling out the use of either to complete MRADLS timely. Patient stated the decreased ambulation symptoms have worsened and he is finding it increasingly difficult to complete tasks independently.

Vital Signs

Weight: 200 lbs Height: 70" BMI: 28.69 Temperature: 98 Pulse: 90 BP: 140/100 Reading Type: Manual Respirations: 22

Physical Examination

General

67 year old male, appears stated age, comfortable - no distress

Mental Status: Alert.

General Appearance: comfortable - no distress

Orientation: 4 (person, place, time and event)

Skin:

Color	pale
Moisture	normal
Texture	normal

Respiratory: Patient is on home O2. LPM: 4. HPD: 24. The O2 liter flow has been increased to minimize dyspnea with success. Dyspnea on exertion (DOE) was present for 10 minutes after attempted ambulation.

Neurological:

Patient was observed walking in the exam room, he was able to independently ambulate no greater than 5-10 feet continuously without stopping, he was assisted. Patient required a 10 minute rest to recover. He was assisted when standing from a seated position.

Musculoskeletal:

Shoulders:

- **Right:** swelling, redness

Pain: 7/10 RT shoulders, 7/10 LT shoulders, 6/10 RT elbows, 6/10 LT elbows, 6/10 RT hips, 6/10 LT hips, 7/10 RT knees, 7/10 LT knees, 5/10 RT ankle feet, 5/10 LT ankle feet, 8/10 back

The patient has had a CT scan, MRI or other test which confirms the diagnosis and/or authenticates the mobility limitation.

MMT & ROM

Upper Extremities:	MMT:	ROM:
Wrist extension and hand abduction	Left 3/5 Right 3/5	BFL
Wrist grip strength	Left 3/5 Right 3/5	BFL
Elbow flexion	Left 3/5 Right 3/5	BFL
Elbow extension	Left 3/5 Right 3/5	BFL

Arm abduction at shoulder	Left 3/5 Right 3/5	BFL
Lower Extremities:	MMT:	ROM:
Hip Flexion	Left 2/5 Right 2/5	BFL
Quadriceps	Left 0/5 Right 3/5	BFL
Hamstrings	Left 3/5 Right 3/5	BFL
Ankle Dorsiflexion		
Plantar Flexion		

Standing Tolerance: Poor, less than 3 minutes with support

Sitting Balance: Min support

Standing Balance: Mod support

The patient cannot sustain adequate self propulsion of an optimally configured manual wheelchair secondary to the progression of the disease process that has affected the ROM in the shoulders. The patient's condition prohibits the patient's ability to self-propel secondary to the repetitive stress caused by self-propelling an optimally configured manual wheelchair.

Mobility limitation

The patient has a respiratory condition and is advised to limit moderate, prolonged and heavy exertion to reduce exacerbation of dyspnea with exertion. Patient requires frequent rest due to dyspnea and lower extremity weakness he reports constantly feeling too tired to continue. Is on 24/7 Home O2, his O2 liter flow was increased to minimize dyspnea with exertion with success. He must sit and rest frequently to regain his breath while attempting to ambulate throughout his home.

Patient has chronic low back pain, with intermittent episodes of severe low back pain with numbness and tingling in lower extremities secondary to DDD. Back pain can radiate down the rear and into the legs. Pain is lessened with a frequent change in positions.

Mental Status

The patient has expressed a willingness to use a power wheelchair, and has the capacity to understand how to operate it. The power wheelchair would assist in performing personal care tasks independently and there are no other limitations that would prevent the patient from operating the power wheelchair safely.

Capacity

A scooter is ruled out patient requires assistance standing from a seated position therefore cannot transfer from a POV safely. Patient reports pain in shoulders right 7/10, shoulders left 7/10, elbows right 6/10, elbows left 6/10 which prohibit the arms to be unsupported while operating the tiller system POV. Power wheelchair warranted.

Assessment/Plan Note

Patient presents with Mobility deficits: Standing Tolerance: Poor, less than 3 minutes with support. He has fallen once in six months, broke his arm as a complication from falling. He reports that his symptoms are progressively getting worse and finding it increasingly difficult to do anything independently placing him at a heightened risk of morbidity.

As a result of the mobility deficit he reports his typical day consists of television viewing, laying in bed and spends 95% of time sitting.

Due to these mobility deficits, MRADLS are not being completed in a timely manner. He is dependent on others for most MRADLS. With the use of a power wheelchair he would be able to complete basic MRADLS: accessing the toilet timely, safely, obtaining food and drink from the kitchen timely, moving from room to room timely, independently.

A scooter is ruled out as patient does not possess adequate upper extremity control to operate a tiller system POV. Shoulder limitations prohibit the arms to be unsupported while operating the tiller system POV. He does not have adequate grip strength to sustain compression to operate the tiller system POV. Power wheelchair warranted.

He is willing and capable of using a power wheelchair within his home. He has the mental capacity to understand and be taught the instructions to safely use this equipment. He is eager to regain his independence and it is necessary to remedy several mobility related limitations.

Plan Note

Based on the finding of this face-to-face assessment, a power wheelchair is reasonable and necessary to allow the patient to participate in one or more MRADLS. The power wheelchair order will be sent to test company for optimally configured power wheelchair assessment and completion of home assessment.

Patient is scheduled for a follow up office visit 6 months from the receipt of the powered wheelchair to discuss the outcomes of using a powered wheelchair and to document its continued use. The patient is instructed to contact the office to schedule an appointment.

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