Clinical Practice Guideline: **Wheelchair Management**

Date of Implementation: **April 19, 2012**

Product: **Specialty**

GUIDELINES

American Specialty Health – Specialty (ASH) considers wheelchair management as medically necessary when provided as part of an active treatment plan directed at a specific goal by an appropriately trained practitioner to patients whose history and exam findings indicate the necessity of assessment for the appropriate type/size of wheelchair and/or benefit from training in proper wheelchair skills (e.g., propulsion, safety techniques).

INTRODUCTION

A clinician can provide skilled wheelchair management for the assessment, fitting and/or training of patients who must utilize a wheelchair for mobility. This service trains the patient, family and/or caregiver in functional activities that promote safe wheelchair mobility and transfers. To be considered medically necessary, this procedure must be part of an active treatment plan directed at a specific goal and the patient must have the capacity to learn from instructions.

A wheelchair assessment may include but is not limited to the patient's strength, endurance, living situation, ability to transfer in and out of the chair, level of independence, weight, skin integrity, muscle tone, and sitting balance. Following verification of the patient's need, patient measurements are taken to ensure wheelchair components are accurately sized. This measurement may also involve testing the patient's abilities with various chair functions including propulsion, transferring from the chair to other surfaces (bed, toilet, car), and use of the chair's locking mechanism on various types of equipment.

There may be circumstances where a patient may be seen one time for a wheelchair assessment. Typically, up to 3-4 sessions should be sufficient to train the patient/caregiver in wheelchair management.

Practitioners should consider the following points when providing wheelchair management services:

- Assessment for non-specialized wheelchairs, cushions, lapboards, wheelchair trays, or lap buddies for a patient without a complicating condition typically does not require the unique skills of a practitioner.
- A seating assessment is not medically necessary for every patient.
- Skilled intervention would not be necessary for wheelchair issues that the patient can self-correct.

- The patient/caregiver must have the capacity and willingness to learn from instructions.
- When wheelchair and seating assessments are reasonable, care should be turned over to supportive personnel or a caregiver once the necessary modifications are completed.
- Ongoing visits for increasing sitting times are generally not reasonable and necessary when no patient problems are documented.
- It is expected that multiple wheelchair and seating deficits discovered during the initial evaluation would be treated concurrently.

CPT CODE AND DOCUMENTATION REQUIREMENTS TO SUBSTANTIATE MEDICAL NECESSITY

Code 97542 is used to report management of a patient using a wheelchair including assessment (e.g., postural/positioning needs), fitting (e.g., pressure relief), and training (e.g., getting in and out of the wheelchair safely and managing wheelchair propulsion on various terrains). Code 97542 requires analysis of and training in safe operation of a wheelchair to achieve independent mobility (e.g., maneuverability skills, assessment of patient propulsion patterns to limit upper extremity injury).

The patient's medical records should document the practitioner's clinical rationale for providing skilled wheelchair management and include the following:

- The recent event that prompted the need for a skilled wheelchair assessment;
- If the patient has had any previous wheelchair assessments;
- The most recent prior functional level;
- If applicable, any previous interventions that have been tried by nursing staff, caregivers or the patient that may have failed, prompting the initiation of skilled therapy intervention;
- Functional deficits due to poor seating or positioning;
- Objective assessments of applicable impairments such as range of motion (ROM), strength, sitting balance, skin integrity, sensation and tone;
- The patient's/caregiver's response to the fitting and training;
- Documentation must relate the training to expected functional goals that are attainable by the patient and/or caregiver; and
- Description of the interventions to show that the skills of a practitioner were required. For example, describe the various wheelchair adaptations trialed and the patient's response to the intervention. If training is provided, describe the type of training, the amount of assistance required and the patient response to the training.

Typically, up to 3-4 dates of service should be sufficient to train the patient/caregiver in wheelchair management.

CPT® Code	CPT® Code Description
97542	Wheelchair management (e.g., assessment, fitting, training), each 15 minutes

PRACTITIONER SCOPE AND TRAINING

Practitioners should practice only in the areas in which they are competent based on their education training and experience. Levels of education, experience, and proficiency may vary among individual practitioners. It is ethically and legally incumbent on a practitioner to determine where they have the knowledge and skills necessary to perform such services and whether the services are within their scope of practice.

It is best practice for the practitioner to appropriately render services to a patient only if they are trained to competency, equally skilled, and adequately competent to deliver a service compared to others trained to perform the same procedure. If the service would be most competently delivered by another health care practitioner who has more skill and training, it would be best practice to refer the patient to the more expert practitioner.

Best practice can be defined as a clinical, scientific, or professional technique, method, or process that is typically evidence-based and consensus driven and is recognized by a majority of professionals in a particular field as more effective at delivering a particular outcome than any other practice (Joint Commission International Accreditation Standards for Hospitals, 2020).

Depending on the practitioner's scope of practice, training, and experience, a patient's condition and/or symptoms during examination or the course of treatment may indicate the need for referral to another practitioner or even emergency care. In such cases it is essential for the practitioner to refer the patient for appropriate co-management (e.g., to their primary care physician) or if immediate emergency care is warranted, to contact 911 as appropriate. See the *Managing Medical Emergencies (CPG 159 – S)* clinical practice guideline for information.

References

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