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The Medical Equipment Corner

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Making Correct Choices of Medical Equipment for a Life Care Plan

This is the first of several planned articles focusing of issues associated with adding medical equipment to a Life Care Plan. The need and choices for more complex equipment is usually directly proportional to the complexity of a client's disability and their associated loss of function. It should also be remembered that medical equipment must be viewed as a dynamic part of a life care plan, not only with the need for replacements formulated with some logical criteria (we will discuss in upcoming articles), but the realization that equipment needs will change for clients as they both age and/or suffer some physical deterioration.

This initial article will focus more on how to differentiate the proper choices of more complex pieces of equipment when required versus more standard alternatives. It will also lead the planner on better possible roads in finding those correct choices.

For those want to delve deeper than this article will allow, I would recommend my previous chapters in the 2nd edition of the *Life Care Planning and Case Management Handbook*, edited by Roger O. Weed, and in the 3rd edition, edited by Roger O. Weed and Debra E. Berens; as well as in the 2nd edition of *Pediatric Life Care Planning and Case Management*, edited by Susan Riddick-Grisham and Laura M. Deming. Both of these textbooks offer a broader review of the entire subject with the ability to go into more specifics.

In a life care plan, medical equipment may be only a percentage of the possible assistive technology that a planner may want to include in a plan. Assistive technology may allow for a wide range of items such as augmentative communication systems, computer interface, and environmental control units. I have seen plans recommending service canines as well as entire smart apartments. For the purpose of this article, we are focusing primarily on the more durable medical choices that need to be made. The most complex choice in this category can be wheelchairs, although beds and even bathroom equipment should be noted as well.

Factors in Choosing the Proper Wheelchair for Your Client

As noted above, when having to choose what medical equipment is required for a life care plan, the primary factor will be the diagnoses and associated loss of function of the client. If we are focusing on wheelchairs, then several other factors have to then be taken into account:

- **Mobility:** Does the client have the ability to self-propel? If not, is a motorized wheelchair a first mobility solution? If self-propulsion is not a goal, then what other means of mobility will be needed to determine the proper choice?
- **Environment and lifestyle:** Does the client live in a rural or an urban neighborhood? Will the client be going to a job every day or a school or some other day program?
- **Positioning:** Is therapeutic positioning equally or more important than mobility (especially possible where self-propulsion is not an option)?
- **Pressure relief:** How will your choice of wheelchair help, if needed, solve pressure reduction needs?

Standard Wheelchairs Versus Complex Rehab

I am using the above terms as this is how Medicare delineates wheelchairs. This is done for both manual and power chairs, primarily by use of HCPCS coding. They also have far more regulations pertaining to allowance of complex rehab equipment, requiring further justification, as well as the requirement of a credentialed ATP being part of the assessment process for these chairs. (For those who are unfamiliar with the term, an ATP is an internationally recognized specialist in assistive technology, credentialed through the Rehab Engineering Society of North America (RESNA).)

In first assessing a client's need for a wheelchair, it is necessary to ask when will a standard wheelchair do the job? Medicare classifies standard wheelchairs utilizing HCPCS procedure codes (K0001-K0004). These chairs may weigh from 32 to 45 pounds in comparison to ultralight-defined chairs (coded K0005); the standard models allow far fewer choices of sizes, seat heights, and overall options. They will also in some cases weigh considerably more than custom manual chairs. Most importantly, in terms of propulsion, the standard chair has no adjustment of the rear wheels, which is one of the defining features of an ultralight chair. What difference can this make to your client?

A standard wheelchair, with no rear wheel adjustment, forces the client to literally pull themselves in a forward motion. If the wheelchair will be the client's only means of independent mobility, this can have significant consequences for the client: Far more difficult and repetitious pulls will be required to cover the same distance and far more probability of future overuse syndrome. Ultralight chairs all have the ability to move the rear wheels forward and, consequently, allow a true push on the hand rims which allow a true balance on the center of gravity of a person's weight and thereby significantly reduce strain and extraneous repetition of movement. Here, the rule of thumb should be that if your client is using a manual wheelchair as their primary means of independent mobility, then the need for an ultralight model is highly recommended.

Why Is This an Important Consideration in Your Life Care Plan?

When including costs in your plan, accuracy and reliability must be as certain as possible. Most importantly, the costs must hold up under scrutiny in court, especially given the life care plan presented by the opposing party in the case. If your choice of equipment shows glaring differences, this will become fodder for the opposing attorney to use against you. More important, if the equipment portion as a whole shows significant disregard for accuracy of choice and costs, this may place the reliability of your entire plan into question.

How much difference in costs is involved? Take the above example of the need for either a standard wheelchair versus a custom-configured ultralight wheelchair:

Invacare Tracer EX2 (STD K0001 wheelchair)
$415 (MSRP-2015)

Sunrise Medical Quickie 2 (K0005 Ultralight) base price only
$2,050 (MSRP-2015)

It should be noted that this price reflects the base price only; once the more common options, such as seating and accessories, are added to a custom-configured ultralight chair, the more likely price will be between $3,000 and $4,000. Given the probability of needed replacements, perhaps seven to 10 times in the life expectancy of a younger client, the difference in this initial choice becomes very significant (over $26,000).

This same choice becomes far more glaring when considering choices of motorized wheelchairs: The more simple of these chairs may have a list price of $3,800 when compared with a Group 4 power chair with full power-seating options (power tilt, recline, power center mount legs, and seat elevator) that will have an MSRP of well over $30,000. Doing the same comparison and adding in replacements, I have personally seen opposing plans with differences of over $250,000.

How is the Correct Wheelchair Choice Made?

Perhaps a better question is: Who should make these recommendations? If a client has simple needs, then an experienced Life Care Planner may feel comfortable compiling a list of needed durable medical equipment. If the client is ambulatory and a wheelchair may just be for long-distance use and pushed by a caregiver, then the recommendation of a standard wheelchair may be more appropriate. If the Life Care Planner decides that this same client should have a $20,000 motorized wheelchair with expensive seating options, I would suggest they have a specialist make this recommendation with a great deal of additional justification.

Many planners will first use the recommendations of the physician who is consulting on their plan. It should be noted that even if you are using a physiatrist as your plan consultant, very few of these specialists have more than a rudimentary background of specific wheelchair and seating knowledge. Their preferred list may include general items, such as "manual or motorized wheelchair," but I have rarely seen them add more specifics, such as a particular model or appropriate options and therapeutic seating needs. Given the above choices noted in this article, more specifics are required with some justification of why that particular choice was made.

Clients who need a more complex piece of medical equipment should have this optimally done during a mobility evaluation, also called a "wheelchair clinic." These clinics are usually found in better rehab hospitals. A therapist usually with ATP credentials should be part of this clinic. If there is not a clinic available, it is recommended that a certified ATP at least conduct a home evaluation with the client. To be certified now with Medicare, every complex rehab dealership must have a credentialed ATP on staff. You can also find a directory of ATPs under the RESNA directory at www.resna.org.

This initial choice conundrum also must be made in other areas of durable medical equipment. Noteworthy is the choice of bed for your client. If the consulting physician recommends a "hospital bed with pressure-relieving mattress," will this be manual or power? Is the client married or has a partner? Perhaps the need for a queen- or king-size bed that still gives therapeutic positioning adjustments to the client's side of the bed would be a more appropriate choice to maintain their quality of life. Just as questionable may be the pressure-relieving surface. A simple alternating air mattress pad costs less than $200, whereas a full alternating low air-loss support surface may cost over $6,000. How do you justify the choices between either of these options and so many possible solutions in between?

This initial model selection is too often made carelessly. I have seen experienced life care planners (more often working on the plaintiff side) recommend equipment way beyond the needs and even the true wants of their client. In one case, this resulted in a judge virtually dismissing the entire report and forcing a settlement. On the other hand, clients who have some needs that will manifest more with aging are left with the barest of equipment recommendations and subsequent allowable funding, through a lack of forethought and knowledge of proper assistive technology solutions.

As your life care clients' needs become more complex, recognize this first step of proper equipment selection. Make sure the proper level of chair is selected to meet the functional deficits of your client. Likewise, follow this procedure with all the other durable medical equipment in your plan. As the complexity arises, seek the proper specialists to insure your plan is both accurate and reliable.

In future articles, other issues will be examined regarding proper costing issues, as well as replacement criteria, and a review of Medicare and its now questionable place in a life care plan.

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