Equipment Evaluation Case Study

In this document..... **Page**

Patient Case: Maddie

- Medical history
  - 15-year-old female with history of polymicrogyria[1] born at 33 weeks gestation
    - Seizures
    - Failure to thrive and G tube
    - Inability to manage secretions
  - Delayed developmental milestones
  - Complex dysautonomia
    - Improved medical management recently
  - Spinal fusion for scoliosis in Summer 2022
    - Followed by 14-day ICU stay
- Current level of function
  - Non-verbal
    - Home school
    - Working on communication with Assistive Technology
  - PT Goals
    - Primarily working on transfers, maintaining current function
    - Standing tolerance
  - Current wheelchair
    - Manual chair that is 4 years old
    - Happy with current model (Quickie Iris, tilt-in-space)
- Personal Factors
  - Home Set-Up
    - Lives with parents and 2 siblings
    - 2-story home with all bedrooms upstairs
      - Wheelchair only used downstairs and outside—all doorways are wide and easily fit her wc.
    - Wheelchair lift in garage for entering/exiting home
    - Adaptable van with ramp allows for Maddie to be transported in her chair
  - Insurance
    - Private insurance
    - Medicaid and CAP/C[2]
  - Previous equipment
    - Several wheelchairs, standers, walkers, bath chair, tandem trike
    - Trexo gait trainer

TAKE HOME POINTS

- Do a very thorough mat assessment!
- Give as much information to the vendor before the eval as possible. Try to suggest some ideas of equipment that you would like to trial during the eval.
- Families often don't know a ton about equipment, so they look to the PT for advice. Try to be generally familiar with what equipment is out there. The vendor can give suggestions but take initiative to investigate equipment to help the family understand their options.
- Give your professional opinions, but it is ultimately up to the family to decide.
- The process of ordering equipment can take several months, so be proactive! Help educate the family on what the process will look like and how long you expect it to take.
- The vendor's role is primarily to give input on what type of equipment is available to meet the goals of the family and PT. The PT can provide expertise on the medical aspects including disease process and how patient presentation may change.
- The office of the equipment vendor generally keeps track of the insurance approval process. As the PT, we can check in on the status if it seems like a long time has passed without an update. Keep track of the equipment evals you complete, so none of them slip off your radar.
- The sooner we can get the quote from the vendor and write the letter of medical necessity, the sooner we can submit for insurance approval.
- When writing a letter of medical necessity, it is important to document types of equipment that were ruled out for the patient and why. Insurance is more likely to approve a more expensive piece of equipment if they know why the other equipment would not work (i.e. ruling out a manual chair in favor of a power chair).

~Special note from Sharon Kemps, PT, DPT, NCS, ATP when considering an inpatient perspective: If you order equipment for a patient who plans to discharge home but gets re-admitted to the hospital or a skilled nursing facility, this can affect their equipment order. You will need to assess their change in medical status to determine the best course of action. If they have had a physical/cognitive change, it is appropriate to pull the letter and cancel the order until they are able to be re-evaluated for safety. Protect yourself and your license!~

Interview with Dr. Cathy Howes, PT, DPT, MS

- When evaluating for new equipment, **who typically initiates the conversation**? Is it more common to hear from the family, the physician, base it on your observation, or is it a mixture of all of those components?
    - In this case with Maddie, since I see her on a regular basis, we are always monitoring her equipment. She recently got a new bath chair, and it was time for a new wheelchair. She is eligible every 3+ years if it is medically needed and she had been over 4 years on her chair. She has grown and also had a spinal fusion. In other cases, oftentimes a referral will come in from a physician that a child needs X piece of equipment, and it is scheduled from there. I guess it is a combination of family; patients I've worked with in the past who need updated equipment or something new, and upon physician referral?
- Could you tell us a little more about what your **communication with the vendor** is like? From getting the appointment scheduled to any sort of follow-up with them before or after the eval. [*response includes information on the **insurance process** and **equipment delivery** as well]*
    - In this case, I'll give you an example based on what we did with Maddie. I actually called the office to get the vendor's schedule. I know the vendor—its Knox Campbell who covers our territory and is the pediatric vendor with the company NuMotion who the family has used in the past. I called the office, got dates that he was available that would sync with my schedule and the family's schedule. I contacted the family with a few dates and gave them some choices as to which would work best for them. That was the initial contact.
    - I also personally talked to Knox when I saw him for an evaluation for another child and gave him some specific equipment that I wanted him to bring for Maddie's eval. That was the fact that we wanted to try a few different headrests for her during the eval because we were thinking of changing. We knew her chair wasn't going to change so much and the family, after I talked with them about the chair prior to the appointment, knew that they wanted a similar style of chair. We weren't interested in switching to a different vendor (a different company that made the chair). I didn't have him bring any other additional equipment.
    - In some cases, I will look over the information I have on the child if I don't know them and make my best guess as to what I would like the vendor to bring—is it a manual wheelchair? A power wheelchair? A stander? Bath equipment? Whatever the case may be. Then I try to communicate that information, so we have equipment available to simulate what the child may need, what they look good in, what they may not look good in. That is another point of communication with the vendor
    - Afterwards, he will be sending a quote of the equipment which I will use to write the letter of medical necessity, and if there is any question that I have once I receive it then that could be another communication point for clarification about

what a piece of equipment is. Some of their information is coded differently. I may think, "Oh that's the lateral" but it says something different based on the way their software codes the quote. Once I am done with my letter, the company (NuMotion in this case) is working simultaneously to make sure we have the referral from the physician. I will send my documentation in to the office at NuMotion, and they process it to the insurance. In this case, it will be a private insurance in addition to NC Medicaid. We wait for approval from both of those sources, and the vendor will go ahead once that is approved to get the equipment on order. I will check back periodically to check what is going on in the process/where we are in the process. Is everything into the insurance? Have we gotten any approvals yet? If the insurance has any questions, they may send information back and ask for more information. I may have to clarify or write some sort of addendum to explain a specific request that is on the letter of medical necessity. We will communicate in that regard as well. You always hope not to get that communication for these things to be going smoothly.

- Once it is approved and ordered—in this case, I know that we aren't changing a lot for Maddie, and I also see her regularly. I would like the chair to come as quickly as possible to the family. I will be able to follow up because I see her on a regular basis. I will be able to check if there is something I am not happy with or needs to be adjusted—that could be another point of communication with the vendor to get somebody out there. At that point I might meet with them.
- In other cases, if the chair is a complex chair, meaning that the child has a lot of deformity, contractures, or access issues such as muscle weakness and difficulty accessing equipment such as a power chair, then I often like to have the delivery done in person. There are some chairs that are not as complex, and I feel like that can be done at the client's home. It really varies. In this case, I would say let's do it at the client's home since we did not change a lot and I see her on a regular basis.
- I also encourage families that once they receive the equipment, if there is something they aren't happy with or they think something isn't right, to go ahead and give me a call. Oftentimes, if they do the delivery at home, the vendor will snap a few photos and send them to show this is what the child looks like in the piece of equipment. It is also helpful to get that visual.

- You mentioned the insurance process—what are the expectations for **follow-up with insurance** such as how often do you check back in with them to make sure everything is on track?
  - The process takes—from evaluation to the time that we get the chair—between 3 to 4 months; sometimes longer depending on if any type of addendum comes back or if they need additional information. If it is a complex piece of equipment, it might take longer to approve the equipment. I expect to get the quote from the vendor to write my LMN within a couple of weeks from the date of the evaluation. If I don't have it by then, I'm following up with the vendor to say I am missing a quote on the client. Once I get my letter in, I will follow up—I keep a

running list in my files of who I have done equipment evals on—typically with the office to get the status of the order. How often can vary. If it seems like "gosh, we did this two or three months ago," we should follow up and see what's happening. I think the really important part is that it's not just about ordering the equipment. The next step is getting it, and the last step is whether it is doing what you want it to do and is the family/user happy with what they got?

- In this case, it wasn't an issue because of time and good insurance coverage, but in the case of someone who isn't able to get the necessary equipment, are there any **equipment resources available** for those patients who can't get it covered?
    - The good news is that most kids who have insurance, including NC Medicaid (if they meet the eligibility requirements of medical necessity), can get equipment so that is a great thing. For kids who don't have insurance or may be undocumented, it can be a bit more of a challenge. At times, we can get loaner equipment and try to get that fit—this has been donated by other families and then we can recycle it and give it to clients.
    - There are a couple of organizations. One is called First in Families [https://fifnc.org/][3] which is an NC organization, and they will at times help pay for some equipment. I don't know that they would have the funds to pay for a whole tilt-in-space wheelchair like we are getting for our client Maddie because that chair will probably cost around $8000. If it were a more simple piece of equipment like a bath chair or something, their funds might be more accessible.
    - There is another charity called Variety Children's Fund [https://variety.org/][4] and the families have to apply through that organization for the funds. The therapist can write a letter of support, but the therapist really isn't the one applying; it's got to be driven by the family and then verified by a letter from the therapist saying "this is what the child needs and why, and this is what it will do for them." Those are a couple of organizations—you would think there would be more, but there really aren't a lot of organizations if you can't find loaner equipment.
- Do you have any **advice for entry level physical therapists** on how to be most successful when completing equipment evals?
    - I think a couple of things. Number 1, doing a good mat evaluation. You have to get the child out of the wheelchair and have them lie on a mat, the floor, a treatment table, anything like that. Oftentimes the way kids are sitting in the chair (could be a positive or negative) aren't necessarily what their body does. That may be an accommodation. I think it is really important to do a good, strong mat eval, so you can see where the deformities are, where the contractures are. You are assessing sitting balance, head control, their mobility, so I think that is really important.
    - The other thing is no matter what we think as therapists, we are there to help guide the family, but it is ultimately the family/end user's decision as to what happens. It is important to give our professional opinion, but we are not the ones using the chair—it is the end user. There may be a disagreement between what the outpatient physical therapist thinks and the school-based therapist. We

try to talk about that, but the family is ultimately who needs to decide. It is their child and also the child's insurance. It is not my insurance that is paying for it. You want to be mindful that this equipment is very expensive and is also time-limited. What I mean by that is: the child has to have that equipment for X number of years. For NC Medicaid specifically, a child must have a manual wheelchair for at least 3 years, power chair for 4 to 5 years before they are willing to get a new piece of equipment. It doesn't mean they won't maintain it. It doesn't mean that if the child grows they won't adjust it or accommodate, but they aren't getting a new one just because the family decides they didn't like it and want this instead of that. Once they have signed for it, that is going to be their piece of equipment for 3 or 4 years unless they find some other funding for it.

- I think the other thing is to make sure that when you work with the vendor, you have a great working relationship. Also have them bring in some equipment, so you can simulate. There is a lot of equipment out there. You aren't going to know every single piece unless all you do is seating evaluations, but you should have some familiarity with the equipment. I think that having your vendor bring in equipment when you are doing an evaluation to me is like buying a car. I wouldn't buy a car just because I looked at it in a book or magazine. It is something that is expensive—you want to make good decisions, and it needs to be comfortable, user-friendly, and not cause problems. It is really important to have your vendor bring equipment to help simulate what it might look like. For example, today we knew we were going to stick with the similar model in her base wheelchair, but we wanted to try a different head rest. We were able to simulate that with trying 3 or 4 different headrests. This is where the art comes in—there isn't an algorithm or a science. It is more like, "that looks pretty good" or she is holding her head up more or even she looks happier with this. It is sort of an art and a science, but there is definitely an art to it. Make sure you are working closely with your vendor, and they bring some equipment for you to try. You cannot pick these things out of a book and say, "I think this will work." It needs to be more definitive than that. This is really important, particularly if you don't have as much experience, to look at the child and how they look in the equipment. Oftentimes, families don't know a lot about equipment, so they do look to you as the therapist. If you don't know anything about it, then you have to look to the vendor. The vendor has experience and knows about their equipment. They don't have all the medical background and necessarily the understanding of the natural history of the disease or knowing how much the child may grow/change in that 3 years. I think we can offer a level of expertise in a lot of those areas by knowing a disease process and how that may look throughout the lifespan for this client who is getting the equipment.

Interview with Knox Campbell, OTR/L, MSOT, ATP (Equipment Vendor)

- What is your **role as an ATP** (*Assistive Technology Professional*) in the equipment eval process?
    - When I first meet families and the therapist has already introduced him or herself, basically my role is: listen to what the patient's goals are and the family's goals; listen to what the therapists goals are; and to find that overlap. My job isn't to tell people how to think, but it's really to find that overlap area and explain to families "this is why I typically use this equipment or that equipment". I'm basically the bus driver—you guys tell me where you want to go, and I try to help you get there as quickly as possible. If there are things that someone is asking for, my job is also to provide education on why we can do that or why that would be a really difficult thing to try to get approved by insurance. I'm an educator, objective clinical specialist that helps families navigate and negotiate the entire process. I think also another role that I have is advocating for the client through the funding process but then being an extension of the clinical team once they have that equipment.
- What are the key pieces of information or **objective measures you look for as a vendor** during a wheelchair evaluation?
    - First, I will look at what diagnoses we are working with. If the therapist has given me any information on previous equipment then I will look at that. Once the evaluation actually starts, I am using my eyes and all my sense before I really say my first word. You can tell a lot just from how someone presents. Objectively speaking, the mat assessment is probably the most important piece, so I'll watch the therapist as they lay the patient supine and edge of mat, looking for asymmetries. I think it is really important to know if there are any asymmetries, are they flexible or fixed? Even before measurements you know what is correctable and what's not. You know what the equipment will need to be able to do. Already, I am thinking about seating system at that point.
    - I'll get all my head-to-toe measurements, so vertical measurements and width. Then also where there might be some asymmetries, I'll look at pelvic rotation and note how significant that is. Even though the equipment is really adjustable, we want to at least be in the same area code when the chair is built before adjustments are made. That's pretty much it as far as black and white things; the rest of everything else is a little bit more subjective.
- After completing an evaluation together, **what information do you share with the physical therapist** for the LMN?
    - Always I will send them a quote that has everything that is on the chair. I'll highlight every item that is actually coded, which is a billing code-- that's what they have to justify because that is what is going to cost insurance money. I'll send them that list and if they need an explanation to what that part or hardware, I will give them that information as well. Not trying to help them justify but just trying to identify what that looks like on the quote. Sometimes

there will be a follow-up where we will meet in the clinic and then I will go to the home to trial something. It might be for assessing a certain feature on the chair in a home trial that we didn't have available at the clinic. If I need to take photos or videos to let therapists see how they performed, that's something I'll include. It might even just be a description of what the home environment is like so they can determine front wheel drive to mid wheel drive.
    - *[Knox allowed us to have a copy of the actual quote used for Maddie's specific wheelchair to see what this looks like, included on page 14. His explanation of each wheelchair part is included to give us a sense of what he gives to the PT after the eval. Click here to jump down to the quote]*
- How much does the **vendor interact with the insurance** company?
    - As an ATP, the only time I'll be involved proactively/directly is if there is a denial, and I am assisting with an appeal. UHC is different because there is part of the process before we even submit where I need to include some clinical values and some clinical judgments in addition to what the therapist provides. They just need a little more information up front for justification. Once it gets submitted, I have a pretty deep bench on my team, and we have people who specialize on the funding side of things, specific to each funding source. I keep an eye on what is going on, but I would say other people on my team have direct contact with the insurance more than I do.
- In this specific case, **how long** do you expect this wheelchair will take to be delivered to the family?
    - 3-4 months. I feel like she already has the same type of chair, she has a pretty static condition, so the need for it is the same as it was prior. I don't really imagine we are going to get a lot of pushback. I think we can show that she has grown, and the insurance piece is normally what takes the longest. Once we have all the medical documents, signatures from the physician, Cathy's letter of medical necessity, we will submit all of that to insurance and then we just kind of wait. If they give us an answer, then we have to take that in stride. Once we get approval, we order immediately. We are also at the mercy of shipping. Sometimes chairs will have parts from 5, 6, 7 different manufacturers, so you are then waiting on all of those different shipping times.
- What will the **delivery process and wheelchair fitting** look like for Maddie?
    - We will coordinate beforehand once we have an estimated arrival date—we will go ahead and schedule me and Cathy with the family at the house. I have already said 2 hours for the delivery time, so we will all converge. I'll have the piece of equipment. Hopefully, it was built according to my specs, and there will be very little adjustment needed at the delivery. With her family, the chair is something they are already familiar with. They know how to utilize it, how to break it down, they understand what all the features are, so that should go by pretty quickly. Typically, I will go over the chair before I put anybody into it, just so they can hear the most important pieces. Once they understand how the chair works, how to break it down—in Maddie's case, we will put her in the chair.

I'll let Cathy tell me what she sees. We will kind of just use our eyes and our measurements to see if she is positioned the way she needs to be. I know she is non-verbal, but there are still ways that she communicates. We'll ask her how comfortable are you? She could look great but be uncomfortable. Typically, if there are adjustments, we will look at the hips first and work our way down to the feet then come back to the hips, work our way all the way up, and end with the head rest. Once everything looks great, then it is just getting some delivery paperwork signed and wrapping it up.

- What happens in the future if a family needs any **adjustments** done? Would you go to them, would they come to you?
    - It is whatever is most convenient for the family. They have to get in touch with us first and then based on my availability, I have a rehab tech I work really closely with. It might be him [Andrew], it might be me, it just depends on what the specific adjustment or repair is. If they want to meet in clinic, I do that all the time as well. I'll go into schools, I've done repairs in parking lots. It really is whatever is most convenient to the family.
- With the long wait periods, do you ever have any **loaner equipment** or options for patients who temporarily need equipment while waiting for theirs to come in?
    - Yes. It's not all or none; we do have loaner equipment. Especially if people are in the hospital and are discharging with a new diagnosis, they probably have nothing. They went in unexpectedly, so almost 100% of the time, I will get loaner equipment for them. It is used but at the same time, it is still a nice, functional chair. I try to get it as close to what they will actually end up getting, but we let families know upfront, this is used. It's not perfect but will get you by. If I see people in an outpatient clinic, and they are just really needing a chair because they are having falls or what they have is causing more harm than good, a lot of the time I'll get them a loaner chair as well.
- As some final advice-- **How can a physical therapist be most helpful** to you during and after the evaluation?
    - Beforehand even before the evaluation, getting me as much information as they can. A lot of the times, they have never met the patient either but a lot of the times, it is somebody they are familiar with. They will frontload it and give me the information that they need. That helps me actually have the correct equipment at the evaluation.
    - Once the evaluation starts, I think having a good direction of where they are trying to get to clinically and asking the right questions. Understanding how insurance works; knowing this patient has these diagnoses, has this insurance. The patients always have their own wants, so the therapist knowing how to take what the patient/the family is saying and thinking about how insurance works/what is really medically necessary. Being able to kind of redirect a family's focus if that needs to happen or even how to educate the family on how these clinical decisions are made—that is a huge help. It makes it more of a team approach so whenever I give my opinions and recommendations, it is not that I

am on one side of the room and the therapist and family is on the other side. Having a therapist that can say no or say yes and understand how the whole system works is super helpful. The more proactive they can be in that conversation, the more efficient the entire process can be.

- After the evaluation, getting their letters written as quickly as possible because we can't move the order through until we have that letter. That is super helpful and then also, a lot of times, what we see on paper before an evaluation isn't always what we see during the actual one. We might realize, this patient really does need a more advanced power chair or a really lightweight manual chair but based on the diagnoses that are in the chart notes, that's not possible. A lot of times, having the therapist reach out to the physician, asking "can we get these diagnoses added to help this patient qualify for what they need?" It's a gentle process, but it is super helpful to have a therapist and a physician that are open to adding new diagnoses that are appropriate but may not be in the chart yet to help the process of getting them what they actually need.

Interview with Patient's Mom

- As we just saw in the video, Maddie is being evaluated for a wheelchair. When did you first realize there was a need for a new chair and **how long** has the process taken so far?
    - Since her spinal fusion surgery last summer, obviously it changed her posture. She sits a little more upright and has been healthier, so she has been gaining more weight. We are finding the sides a little snugger, and she is getting hippier and taller. I think we were due a change in the wheelchair since it has been over three years.
- What have been the **biggest barriers in the past** to getting the equipment you need for Maddie?
    - Gosh, that's a good question. Obviously, we are always taking the advice of the PT on what is needed, what she needs, and what kind of support is needed for her. Then it's getting the paperwork all in order to request from the insurance that we need a new piece of equipment. It is back in forth in terms of paperwork. Normally, Maddie's doctors reply relatively quickly and sign off on them, and then it is [based on] the inventory of the pieces of equipment from the vendor.
- Have you ever had any **trouble with insurance reimbursement**?
    - No. I am not an American and I am not sure if this is what's wrong with the system, but we never see bills. It goes straight to the insurer and then if insurance denies, then Medicaid jumps in. Sometimes we do get letters from our insurance saying that they denied a piece of equipment, and I just don't know the cost of this equipment. I guess then it goes automatically to Medicaid and sometimes, there it is—there's our equipment. Especially for a lot of the medical equipment. She has a lot of expensive pieces of equipment and insurance will come back to us sometimes saying it is not medically necessary. Then I ask the doctor to write something. I guess it is similar to her wheelchairs, standers, etc. and then eventually somebody pays. Sometimes I don't know who pays.
- Have you ever been **flat-out denied** for something that you felt like you needed?
    - I think I did attempt to ask about that trike [*we had previously discussed a tandem trike that Maddie is able to use with one of her parents pedaling to propel it. It allows Maddie to assist with initiating pedaling and moves her legs in a reciprocal pattern.*] Again, it wasn't considered medically necessarily. All of maybe the "recreational stuff", we have tried to claim under insurance with the justification medically of her overall health, and I think we have been denied that.
- What was the **longest time you had to wait** for a piece of equipment?
    - I would say 5, 6 months. I remember the walker and the stander. But again, as I said, it was never urgent. She would still be able to fit in her earlier piece of equipment, so it hasn't been that serious for us.
- **If your equipment ever breaks**, what steps do you have to take to get it adjusted?
    - That has been pretty straightforward. Every time, we will just call the vendor and they will normally send somebody to have a look at it. That hasn't been an issue.

I believe when she was still in school, the vendor would have regular visits to the school to just check equipment of all the kids there and tinker with whatever needed to be tinkered with.

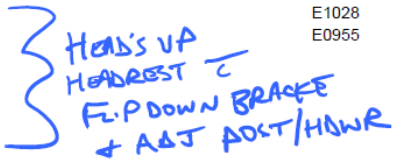
- **What advice do you have for future physical therapists** to make equipment evaluations easier on the family?
    - I think sometimes we are clueless on what is out there and what is available for Maddie or if it is the latest piece of equipment. We always like it when PTs come and help us like "I've heard about this piece of equipment". So they take initiative to start doing their research on if that equipment would work for us. We definitely rely a lot on the PTs to identify which piece of equipment—what kind of chair, what brand, what supports are needed. We may like the look of a chair but if a PT says it doesn't have enough support for her—her lats, her hips, her head—we will always defer those things to the PT.
    - *[Not mentioned in the recorded interview, Maddie's mom did comment later that her biggest frustration has been difficulty pushing Maddie up and down hills. She would love if PTs or vendors presented any options for a brake or some sort of assistance for pushing a manual chair that makes it easier on the caregiver. We need to consider if one piece of equipment will be easier for the caregiver to manage as well based on manual dexterity, physical fitness, and other similar factors. As mentioned in the video, power assist options may be considered "caregiver convenience" and not necessarily covered by insurance.]*

Case-Specific Wheelchair Quote

Quote

Vendor	Description	Code	Qty
Therafin Corporation	Script Text Style		1
Therafin Corporation	Seat: Cushion Including Foam & Cover	E2609	1
Therafin Corporation	Seat Mod/ Countour w/ no antithrust	K0108	1
Therafin Corporation	Anti Thrust- Yes		1
Therafin Corporation	Medium Seat		1
Therafin Corporation	Full Width Back		1
Therafin Corporation	Back: Base w/Foam & Cover	E2617	1
Therafin Corporation	Top Cover Zipper Replacement		1
Therafin Corporation	Bk: Cstm Dimens - Top=5, Bot=11 Ctr=11 Inset=1.875	K0108	1
Therafin Corporation	Yes Option		1
Therafin Corporation	1" 10 Hole L Brckt Kit Js Std J&L Back Hdwr Kits	K0108	1
Therafin Corporation	Headrest Horizontal Slide Mount	K0108	1
Therafin Corporation	4" X 5" Flat Lateral Pad	E0956	1
Therafin Corporation	Additional Foam Soft Modification	K0108	1
Therafin Corporation	Swing Away Hardware Modular	E1028	1
Therafin Corporation	1" Offset for Swingaway Hardware	K0108	1
Therafin Corporation	Summer/Winter Low Profile Pin Style Bracket	K0108	1
Therafin Corporation	Vest w/comfort strap Medium	E0960	1
Therafin Corporation	Strap Positioning Guides (PR)	K0108	2
Therafin Corporation	Belt,TheraFit 4Pt, Y-Style,w/Side Release Buckle,M	E0978	1
Therafin Corporation	3" x 5" flat pad	E0956	1
Therafin Corporation	Hip Guide Pad 4 X 6	E0956	1
Therafin Corporation	Flush for Fixed Bracket	E1028	1
Therafin Corporation	Hip Guide Bracket Removable 1" Offset	E1028	1
Therafin Corporation	Seat Spacer, Each	K0108	1
Therafin Corporation	E-Z Lock CLaims		1
Therafin Corporation	Yes Option		1
Therafin Corporation	Black Material		1
Therafin Corporation	Yes Option		1
Therafin Corporation	Trunk Width Cutout		1
Sunrise Medical, LLC	Quickie Iris SE Manual WC	E1161	1
Sunrise Medical, LLC	-5 To 50 Degree Tilt Angle 55 Deg Range		1
Sunrise Medical, LLC	Transit Option	K0108	1
Sunrise Medical, LLC	Left Mount		1
Sunrise Medical, LLC	Std Growing Base & Seat Frame (Max 250 lbs)		1
Sunrise Medical, LLC	Width Adjusting System	K0108	1
Sunrise Medical, LLC	16" Frame Width		1
Sunrise Medical, LLC	Standard Seat Pan	E2231	1
Sunrise Medical, LLC	Long Seat Frame 18" - 22"		1
Sunrise Medical, LLC	18" Frame Depth		1
Sunrise Medical, LLC	17" Front Seat Height		1
Sunrise Medical, LLC	6" X 1.5 Semi Pneumatic Caster	A9900	2
Sunrise Medical, LLC	12" Mag Rear Wheel		2
Sunrise Medical, LLC	Pneumatic Airless Insert E2211/E2213	BRK2	2
Sunrise Medical, LLC	Quick Release Axles		1
Sunrise Medical, LLC	Foot Wheel Lock	A9900	1
Sunrise Medical, LLC	80 Deg Swing In/Out Front Mount Hanger		2
Sunrise Medical, LLC	Extension Tube 4"	A9900	2
Sunrise Medical, LLC	90 Degree Angle Adjustable Footplate	K0040	2
Sunrise Medical, LLC	Ht Adj Standard Push Handles		2
Sunrise Medical, LLC	Std Height Back Cane 15" - 21"		2
Sunrise Medical, LLC	Single Post Height Adjustable Armrest Std	E0973	2
Sunrise Medical, LLC	Standard Armrest Receiver		2

Sunrise Medical, LLC	~RNAAG370SS Armpad: Classic Full Length		2
Sunrise Medical, LLC	Rear Anti-Tip	E0971	2
Sunrise Medical, LLC	Hot Sparkle Pink		1
Sunrise Medical, LLC	Axys Swing-Away	E1028	1
Sunrise Medical, LLC	AXYS Hardware w/o OCC Pad	E0955	1
Sunrise Medical, LLC	Small Neck Width		1
Sunrise Medical, LLC	Tall Contour Cradled Height		1
Sunrise Medical, LLC	Short Swing Out Suppor Arm Length		1
Sunrise Medical, LLC	Comfort Foam		1
Sunrise Medical, LLC	Lycra Neoprene Cvr		1



This quote is an estimate and is subject to change based on changes to codes and/or equipment.

Case-Specific Letter of Medical Necessity

Personal identifiers removed

23 April 2023

To Whom It May Concern:

<Our patient> is a 15 year old with quadriplegic cerebral palsy, GMFCS level V, g tube, s/p posterior spinal fusion. She is requiring a new manual tilt in space wc as her current wc is more than 4 years old and has significant wear and tear from everyday use thus requiring replacement. <Patient> is dependent on her wc for all mobility within her home and community environments. Her family has a wc lift in the garage to allow her access to the home, and they have a van with wc tie downs to transport her in her wc. The following new wc has been evaluated and is medically necessary for <patient>:

- Wider Quickie Iris tilt in space manual wc to provide her with postural support and postural changes as needed as she is dependent for all repositioning
- Width adjustable base, to grow chair as needed and transit option for safe transport of the wc in the family's van
- Single post height adjustable armrests to position upper extremities
- Angle adjustable footplates with extension tube, for positioning of <patient's> lower extremities and to accommodate for her AFO's
- Six inch pneumatic casters and tires with airless inserts to prevent flat tires and allow wc to roll
- Rear anti-tippers to keep wc from tipping backwards
- Tray with trunk cutout for UE support with hardware to attach it to the wc
- Foot wheel lock to allow chair to be locked and unlocked for safety during transfers
- Harness vest with positioning guides to provide <patient> with upper trunk support and alignment
- Four point pelvic belt to keep pelvis positioned in wc as <patient> exhibits increased extensor tone
- Hip guides and adductor pads with hardware to support and align lower extremities and pelvis
- Custom seat cushion contoured with LE wells and antithrust to align pelvis and lower extremities and accommodate extensor tone in lower extremities. Cushion will sit on a standard seat pan
- Foam back to provide trunk alignment and support as she has no independent, sustained trunk control. Hardware to attach and adjust back is also required
- Lateral pads with additional foam modification to provide support and align trunk in midline. Swingaway hardware to attach pads to wc and allow moveability during transfers in and out of the wc

- Head's Up headrest with flip down bracket and adjustable mounting hardware including a slide mount to provide head support and control as Maddie does not exhibit independent head control

If you have any questions, please contact me at XXX-XXX-XXXX.

<PT Signature>

PT Name Here, PT, DPT

Process of Becoming an Equipment Vendor (ATP)

RESNA is the certifying organization for the Assistive Technology Professional. This certification is designed to acknowledge individuals who have "demonstrated competence in analysing the needs of consumers with disabilities, assisting in the selection of appropriate assistive technology for the consumers' needs, and providing training in the use of the selected devices." [5]

The process includes getting work experience, passing an ATP exam, and consistently renewing the certification.

- ATP Exam
  - 200 multiple choice questions testing applicants on Assistive Technology
- Applicant eligibility
  - Eligibility requirements differ based on level of education and amount of work experience. For example, someone with a Master's Degree or higher in Physical Therapy would require 1000 hours of work experience to become eligible.
  - Work experience must be directly related to equipment evaluation, fitting/adjustment, AT training, or product development.
  - There are academic programs for Assisitive Technology which can reduce the required number of hours for eligibility. All applicants must have a minimum of 300 field hours.
  - RESNA must approve applicants before registering for the ATP exam
- Renewal
  - ATP certification must be renewed every two years, requiring completion of continuing education and work experience.

For more information, vist:

https://www.resna.org/Certification/Assistive-Technology-Professional-ATP[5]

References

1. Polymicrogyria - about the disease. Genetic and Rare Diseases Information Center. https://rarediseases.info.nih.gov/diseases/12271/polymicrogyria. Accessed April 4, 2023.
2. Community Alternatives Program for Children (CAP/C). NC Medicaid Division of Health Benefits . https://medicaid.ncdhhs.gov/capc. Published March 31, 2023. Accessed April 4, 2023.
3. First In Families of North Carolina. Accessed April 10, 2023. https://fifnc.org/
4. Variety - the Children's Charity. Accessed April 10, 2023. https://variety.org/
5. ATP General info. Rehabilitation Engineering and Assistive Technology Society of North America. https://www.resna.org/Certification/Assistive-Technology-Professional-ATP. Published 2023. Accessed April 16, 2023.