

Common treatment Dx for wheelchair management (97542):

- 781.2 abnormality of gait
- 781.92 abnormal posture
- 719.7 difficulty walking
- 728.87 weakness
- 781.3 lack of coordination

CPT 97542–Wheelchair Management/Assessment, Fitting, and Training

This procedure describes the skilled intervention therapists provided related to wheelchair activities for patients who are wheelchair bound. According to CPT Changes 2006 – An Insider’s View, *a wheelchair assessment may include but is not limited to the patient’s strength, endurance, living situation, and 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, measurements are taken prior to ordering the equipment. This measurement occasionally involves testing the patient’s abilities with various chair functions including propulsion, transferring from the chair to other situations (bed, toilet, car), and use of the chair’s locking mechanism on various types of equipment for optimal determination of the appropriate equipment by the patient and caregiver.

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 therapist.
- A seating assessment is not reasonable and necessary (R&N) 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.

CPT 97542–Wheelchair Management/Assessment, Fitting, and Training (cont.):

- Ongoing visits for increasing sitting times are generally not reasonable and necessary when no patient problems are documented.
- Visits made for restraint reduction are generally non-covered.
- It is expected that multiple wheelchair and seating deficits discovered during the initial evaluation would be treated concurrently. If not, documentation must indicate that a new problem/deficit occurred, or include rationale why a problem being treated in the later stages of therapy was not addressed previously.

Additional Documentation Requirements for 97542:

- Documentation for a skilled wheelchair assessment should include the following:
 - What recent event prompted the need for a skilled wheelchair assessment;
 - What previous wheelchair assessments have been completed, such as during a Part A SNF stay;
 - Most recent prior functional level;
 - What intervention was tried by nursing staff, caregivers or the patient themselves;
 - Functional deficit 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.
- When billing CPT code 97542 for wheelchair management/training, documentation must relate the training to expected functional goals that are attainable by the patient and/or caregiver.
- The response of the patient to the instruction or fitting
- Documentation must clearly support that the services rendered required the skills and expertise of the therapists.