

HOW TO COMPLETE AN ASSESSMENT USING LMN NAVIGATOR

My Assessments Resources -	•	
	Patient Alejandra Hornaday Order ID <u>97000022</u>	
Here's what we'll take a look at	Start Assass	ent

Here are the sections we recommend.

Patient Information	Needs Review	Review
Physical Eval	Not Started	Review
Mobility Eval	Not Started	Review
Equipment	Not Started	Review
Signature	Not Started	Review

WELCOME!

LMN Navigator streamlines mobility evaluations with intuitive workflow, integrated data, and seamless ATP collaboration.



Clinician Sign Ir





Agent Offline

Sign in to your account

Numotion ATP Sign In



My Assessments	Resources 🔻	+Invite Clinician
My Numotion / Profile		
Profile	Invite a Clinician	
Julie Kellar	rallek53207@gmail.com A clinician was successfully located	be displayed alongside any
Profile	Invite Clinician	e site. be displayed on the site.
Security	comments and forum posts.	vill be displayed with your
Set password	Your information	

SIGN UP AND LOG IN

The ATP can log-in using their Numotion email address and password to invite the Clinician to sign-up for LMN Navigator.



The Clinician will receive the email and with a temporary password included. They will click the Accept Invitation button and then copy and paste the temporary password. The system will prompt the user to create a new password.

Numotion is pleased to invite you to use our new LMN Navigator tool to create your letters of medical necessity.

The LMN Navigator from Numotion allows you to:

- Improve evaluation efficiency
- Utilize a justification wizard to guide you through the process
- Reduce denials and rework with error detection capability
- Electronically sign and submit mobility evaluations
- Download and email your completed assessment easily ٠

Please click below to accept the invitation and start on a path to greater productivity.

Use the email address this invitation was sent to and the following temporary password: (7UjWURcr)[]

Accept Invitation

For questions, call: +1 855-340-0820 (LMN Navigator Line)

A legal disclaimer acknowledgement will need to be agreed to prior to log in.

Users must acknowledge a legal disclaimer before using the LMN Naviagator Application. Once acknowledged, they can proceed, and their acknowledgement will be recorded for Numotion's reference.

Acknowledge

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My Assessments Resources •

My Assessments

						Search as	sessments		
First Name ‡	Last Name ‡	Status Reason ‡	Order ‡	Created On ‡	Modified On \downarrow	Expires On ‡	Expires In (Days) ‡	Amend. Ver. ‡	
Dayna	Marquina	Waiting for Signature	12731054	3/3/2025 9:33 AM	3/3/2025 9:34 AM	05/02/25	60	1	۹
Vito	Mouser	In-Progress	12731239	2/28/2025 9:07 AM	3/3/2025 9:12 AM	05/02/25	60		-
Dayna	Marquina	Signed	12731054	2/10/2025 9:18 AM	3/3/2025 9:10 AM	07/01/25	120		b Q
Vito	Mouser	Ready	12731240	2/28/2025 9:10 AM	2/28/2025 9:15 AM	04/29/25	57		-
Pru	Nimocks	In-Progress	12731190	2/14/2025 9:31 AM	2/27/2025 10:34 AM	04/28/25	56		1
Krimhilde	Ladell	In-Progress	12731220	2/25/2025 3:30 PM	2/26/2025 11:51 AM	04/27/25	55		1

GENERAL NAVIGATION

The 'My Assessments' page will contain assessments for any open Venu rehab order where the clinician is selected on the order. Click on the pencil icon to open the assessment.

Each Assessment will contain 5 sections:

- Patient Information
- Physical Eval
- Mobility Eval
- Equipment
- Signature

Each section will have subsections.

Here's what we'll take a look at	Start Assessment	
Here are the sections we recommend.		
Patient Information	Needs Review Review	
Physical Eval	Not Started Review	
Mobility Eval	Not Started Review	
Equipment	Not Started Review	

signature

Not Started Revi

The 5 main sections will always display as links across the top of the page for ease of navigation. The current section and subsections will display to the left. As a subsection is completed, the status of the section will update to 'Ready' to 'In Progress' to 'Complete'. Some subsections can have a status of 'Deferred' if the clinician selects that the ATP will provide the information:

- Current Mobility Equipment
- Home Environment
- Community Environment
- Transportation
- Measurements in Sitting
- Equipment Recommendations

Overview Patient Information	n Physical Eval Mobility Eval Equipment	Signature		
Goals			Patient VM Vito Mouser	
Patient Information Completed nical Team	Reason for Referral* ①	Current w/c no longer meets needs Current w/c beyond repair Non-Ambulatory Ambulation not independent, safe or timely Cther		
O Goals	Patient Goals*			
O Current Mobility > Equipment		130 characters left		
O Home Environment	Caregiver Goals			
Community > Environment		125 characters left		
O Current ADL Status	Specific mobility limitations that may affect care			
		112 characters left	Previous Skip this Section	Continue
Overview Patient In	nformation Physical Eval Mobility E	Eval Equipment Signature		
Current Mobility	Equipment	Patient	VM Vito Mouser	
Patient Information	>			_
 Medical History Current Mobility Equipment 	> Please let us know v the Information for Equipment*	who will be providing O Therapist O Supplier ATP on a separate document (recommended) Client's Current		
 Current Mobility Equipment (cont) 		Previous	s Skip this Section	Continue

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GENERAL NAVIGATION CONT.

Required questions will be marked with an asterisk(*) and will highlight if not completed when clicking 'Continue'. If the information is unknown, the user may click 'Skip this section' to temporarily bypass required questions. The section status will remain in progress. NOTE: Upon attempting to sign the document, the user will be asked to complete all skipped but required fields via a 'Guided Experience'.

Overview Patient Information	Physical Eval Mobility Eval Equipment	Signature		
Goals			Patient VM Vito Mouser	
 Patient Information Payer & Clinical Team 	Reason for Referral* ①	Current w/c no longer meets needs 🛛 Current w/c beyond repair 🔹 Non-Ambulatory 🔷 Ambulation not independent, safe or timely 🔷 Other		
Goals Medical History	Patient Goals*			
 Diagnosis Body Systems 		130 characters left	· · · · · · · · · · · · · · · · · · ·	
O Current Mobility > Equipment	Caregiver Goals			
O Home Environment >		125 characters left		
O Community Environment	Specific mobility limitations that may affect care			
Current ADL Status		112 characters left		
			Previous Skip this Section	Continue

ion*

WARNING MESSAGES

Denial Warning Message – if a combination of question answers has historically generated a claim denial, the system will notify the clinician – for example: If the question 'Able to perform independent and effective pressure relief/reperfusion at seated surface' is answered 'Yes' AND 'Pressure Relief Method(s)' is answered 'Stand up (independently, without risk of falling)' then when 'Power Tilt' is selected in the Equipment Recommendation section, a message will warn of a Medicare Denial Risk.



	Denial rick: you have selected a tilt feature: however	
C far area	it is indicated that the patient is able to transfer	
change	independently by standing. This may cause a denial	on and/or digestion
decrease	based on Medicare policy.	blood pressure managemer
🗆 facilitate		sist/maintain postural alignme
🗆 maintair		atic hypotension
🗆 use in ca	Close	complish effective pressure r

If required (marked by *) questions are skipped, when the final 'Submit for Signature' button is clicked, a message will display 'Not all required fields are completed. Do you want to enter Guided Experience Mode?'



Clicking OK will jump the screen to the
question(s) that still need to be answered.

		Patient VM Vito Mouser
Reason for Referral [*] ①	Current w/c no longer meets needs 🛛 Current w/c beyond repair 🔷 Non-Ambulatory 🔾 Ambulation not independent	ndent, safe or timely 🛛 Other
Patient Goals*		
	130 characters left	

PREVIEW ASSESSMENT & SUBMIT FOR SIGNATURE

Prior to submitting the assessment for signatures, the clinician will review the completed document. The 'Preview Assessments' button will appear when all the fields on the 'Therapist Attestation' page are completed.

Therapist Attestation		Pa	tient DM	Dayna Marquina	
 Follow-Up/Plan of Care Signatures ~ Therapist Attestation 	Therapist Name Printed*	Julie Therapist 12 characters left			
	Therapist email and contact for review*	julie@gmail.com			
	This is to certify that I, the above signed Therapist, have the following affiliations [*]	✓ None			
		You must preview your o	locument pi	ior to submitting for	signature
		Previous Previe	w Assessme	Submit for S	ignature

Clicking the 'Preview Assessment' button will open or download the completed pdf. This action will depend upon the users browser settings.



You must preview your document prior to submitting for signature

The 'Submit for Signature' button will be enabled/turn blue after the 'Preview Assessments' process is completed.



ATP COLLABORATION

If the following sections are deferred to the ATP to complete, the ATP should utilize the 'Numotion ATP Customer Mobility Assessment for WMSE' to complete those sections:

- Current Mobility Equipment
- Home Environment
- Community Environment
- Transportation
- Measurements in Sitting

Numotion ATP Customer Mobility Assessment	
Customer nameAssessment Date	
ASSESSMENT LOCATION: Customer home Clinic/therapy eval Numotion Other	
Customer measurements: Height" WeightIbs. Hip Width"	
Thigh Depth" Knee to Heel" Seat to Shoulder"	
Shoulder Width" Seat to Elbow"Other	
CURRENT EQUIPMENT: N/A Walker MWC (code) POV	
If new evaluation is for replacement equipment, needs replaced or modified because: N/A	
Change in size Change in seating and/or positioning needs	
Inadequate pressure relief	
Other Other	
HOME ENVIRONMENT: documented in therapy evaluation or PT/OT/physician note	
single-story home multiple-story home apartment # of levels mobile home	
Type of facility:	
Caretaker:	
Customer spends time at home alone: yes no Hours alone:	

1 of 2 🕨 🕨 🔇 🔘

If the 'Equipment Recommendations' section is deferred to the ATP, the ATP will need to log into LMN Navigator, open the Assessment, navigate to the Equipment Recommendations section and complete all sections with a status of 'Deferred.'

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Is the home wheelshair accessible?

Overview Patient Information	Physical Eval Mobility Eval Equipment	Signature			
Equipment Recommendation	on Selections		Patient	VM Vito Mouser	
Equipment Recommendation Selections Manual Wheelchair	The least costly alternative for safe, functional and independent mobility is: [*]	Dependent care mobility device (stroller/tilt-in-space) Standard MWC Ultralight MWC Manual W/C with power assist device Scooter (POV) Standard PWC Standard PWC w/Seat Elevator Complex Rehab PWC Complex Rehab PWC Seating/Modification to MWC	15		
 Scooter/POV Power Wheelchair Mobility Base 	Please let us know who will be providing the information for Equipment recommendations and justifications.*	O Therapist Supplier ATP			
 Seat Functions/Position Changes 			Previous	Skip this Section	Continue
PWC Electronics					
O Mobility Base Components					
O Seating/Positioning Components					

PREVIEW ASSESSMENT & SUBMIT FOR SIGNATURE

ATP Collaboration: when the 'Submit for Signatures' button is clicked, if the clinician selected 'Supplier ATP' to complete the Equipment Recommendation' section and the ATP has NOT completed the deferred question, a message will display. The ATP will be required to complete that section prior to sending the assessment for signature.

Equipment Recommendation	on Selections	
 Equipment Recommendation Selections Manual Wheelchair 	The least costly alternative for safe, functional and independent mobility is: [*]	 Dependent care mobility device (stroller/tilt-in-space) Standard MWC Ultralight MWC Manual W/C with power assist device Scooter (POV) Standard PWC Standard PWC w/Seat Elevator Complex Rehab PWC Complex Rehab PWC Complex Rehab PWC w/ power seat functions Seating/Modification to PWC Seating/Modification to MWC
 Scooter/POV Power Wheelchair Mobility Base 	Please let us know who will be providing the information for Equipment recommendations and justifications.*	O Therapist Supplier ATP

Please collaborate with your Supplier ATP; the equipment recommendations have not been completed

Please contact your Supplier ATP for more information

mail.com

Ok Cancel

When 'Submit for Signature' is clicked, a 'Please wait while we generate and save your assessment' message will appear. Click 'Close' and when the assessment generation is complete, another message will appear – 'Successfully submitted for your ATP to review and sign. You will receive a notification from DocuSign to complete once your ATP has signed.'



Please review the following assessment		
DocuSign NA3 System <dse_na3@docusign.net></dse_na3@docusign.net>		$\textcircled{$\textcircled{$\textcircled{$\textcircled{$\textcircled{$\textcircled{$\textcircled{$\textcircled{$1.5ex}}$}}}}}} \xrightarrow{$\textcircled{$\textcircled{$\textcircled{$\textcircled{$1.5ex}}}}} \xrightarrow{$\textcircled{$\textcircled{$f$}}} Forward & \textcircled{$\textcircled{$\textcircled{$\textcircled{$1.5ex}}}} \xrightarrow{$\textcircled{$\textcircled{$1.5ex}}} \xrightarrow{$\textcircled{$\textcircled{$1.5ex}}} \xrightarrow{$\textcircled{$1.5ex}} \xrightarrow{$\begin{array}{[t]{$1.5ex}} \xrightarrow{t} $
To • Julie Kellar () If there are problems with how this message is displayed, click here to view it in a w	eb browser.	Mon 3/3/2025 8:50 AM
Click here to download pictures. To help protect your privacy, Outlook prevented a	atomatic download of some pictures in this message.	
"I his message originated from an external sender"	-	
	×	
	ATPW SVC Test sent you a document to review and sign.	
	ATPW SVC Test ATPW SVC Test@numotion.com Thank you	
	Powered by	
	Do Not Share This Email This email contains a secure link to Docusign. Please do not share this email, link, or access code with others. Alternate Signing Method	
	Visit Docusign.com, click 'Access Documents', and enter the security code: 1EDA866940BE49119FC8E73E2D59A6ED3	
	About Docusign Sion documents electronically in just minutes. It's cafe, conver, and legally binding. Whether you're	•
Review and complete		
	Dox numotion Melling ways have	
	Review and continue	
	Message from ATPW SVC Test, Numotion	
	Thank you	

Please read the <u>Electronic Record and Signature Disclosure</u>

Other Options

Continue

Change Language - English (US) 🔻

DOCUSIGN

Once the assessment is complete and sent for signature, the ATP will receive a DocuSign email. Click the link and follow the instructions to sign.

Docusign Envelope ID: 5AEB0E98-8409-4CA1-A917-F8284DA7387D Wheeled Mobility and Seat PATIENT INFORMATION	ing Evaluation
NEXT NEXT NEXT NEXT NEXT NEXT	• You signed Sender has been notified Save a Copy

Once complete DocuSign will send an email to the clinician to sign and complete. The clinician can download a signed copy of the document.

The status of the assessment will change from 'Waiting for Signature' to 'Signed'. A copy of the document can be downloaded from the 'My Assessments' page.

Navigator My Assessments Resources -									
My Asse	ssments Search assessments								
						Search assessments			
First Name 🅽	Last Name \$	Status Reason ‡	Order ‡	Created On \$	Modified On \downarrow	Expires On ‡	Expires In (Days) 🂲	Amend. Ver. \$	
Vito	Mouser	(In-Progress)	12731239	2/28/2025 9:07 AM	3/3/2025 8:51 AM	05/02/25	60		1
Dayna	Marquina	Waiting for Signature	12731054	2/10/2025 9:18 AM	3/3/2025 8:49 AM	05/02/25	60		Q

My Asse	ssments									
							Search	assessments		
First Name 1	Last Name 🇘	Status Reason \$	Order ‡	Created On \$	Modified On \downarrow	Expires	On ‡	Expires In (Days) 🇘	Amend. Ver. ‡	
Vito	Mouser	In-Progress	12731239	2/28/2025 9:07 AM	3/3/2025 9:12 AM	05/02/	25	60		
Dayna	Marquina	Signed	12731054	2/10/2025 9:18 AM	3/3/2025 9:10 AM	07/01/	25	120		8

AMENDMENT

When a change needs to be made by the clinician post signature, an amendment can be created. Amendments will be attached to the bottom of the printed/downloaded document. Click the 'View' icon.

Click 'Create Amendment'.

			Search						
irst Name 🎗	Last Name 🅽	Status Reason ‡	Order 🇘	Created On ‡	Modified On \downarrow	Expires On ‡	Expires In (Days) 🇘	Amend. Ver. 🅽	
lito	Mouser	In-Progress	12731239	2/28/2025 9:07 AM	3/3/2025 9:12 AM	05/02/25	60		
Dayna	Marquina	Signed	12731054	2/10/2025 9:18 AM	3/3/2025 9:10 AM	07/01/25	120		•
lere's what we'll take a look at									

Enter the updated/amended information, then click 'Create Amendment'. The system will display a message that it is generating the amended assessment.

Click 'OK'.	
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A message will display once the Amendment has been successfully created, and a new DocuSign process has been initiated. The amended assessment will only require the clinician's signature.

