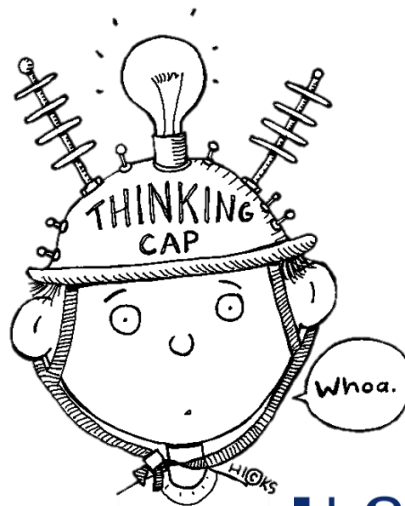


# Mobility Reimbursement for ***SMART*** People



**U.S. ★ REHAB®**  
A Division of the VGM Group, Inc.

You are a **SMART** person and you carefully review Medicare's policies and requirements PRIOR to providing a product.

However, sometimes when you think you have it, you say... **Whoa!**



**Let's look at some common situations that make you scratch your head and learn how to best handle them....**

- Date of the Face to Face Exam
- Date of the Order
- Fee Schedule Categories
- Navigating the Fee Schedule(S)
- Calculating Capped Rental Purchase Allowable and Rental Allowable (Formulas)
- Capped Rental Items on Purchase Bases as Rental
- Single Power Base / Multiple Power Base
- Power Wheelchair Electronics
- Does the Beneficiary have a choice to Upgrade
- Is it a Repair or Replacement and 5 Year RUL



## Date of the Face to Face Exam

- **Is NOT always the Date of the Face to Face Exam**
  - If there is only a face to face with the ordering practitioner then it IS the date of the actual face to face exam
  - If there is an LCMP (therapist evaluation) then it is the later of the actual date of the face to face with the ordering practitioner OR the date the ordering practitioner co signs the therapist evaluations
  - This date is listed on the 7 element order as completion date of the face to face exam (use one line)
  - This date starts the **45 day clock** for when the supplier must receive the 7EO, face to face exam chart note and if there is a therapist evaluation that too



## Date of the Order

**Date of the Order** on Detailed Product Description (DPD) and Detailed Written Order (DWO)

- The date of the initial order
- PMDs – Date physician signed the 7EO
- Manual Chairs – Date physician signed initial order or date of the confirmation of the verbal order
- Just because it paid with incorrect date doesn't mean it will pass audit (CERT)



## Fee Schedule Category

- Determine Fee Schedule Category ([www.dmepdac.com](http://www.dmepdac.com))
- Inexpensive and routinely purchased items (IRP)
  - All IRP items can be purchased or rented
  - Purchase allowable is rental x 10 and if rented they rent for 10 months of equal payments (scooters, ultra light weigh manual chair (K0005), cushions, backs, batteries, height adj arms)
- Capped rental (CR) items rent for 13 months and only certain items can be purchased (power wheelchairs, tilt, recline, power ELRs, electronics, motors, joystick, headrest, swing away hardware)
- **ALL power wheelchair bases are in the capped rental category** (even complex rehab power chairs)

**Fee Schedule Category**

- Complex rehab power based (K0835-K0864) have a first month purchase option
- Capped Rental accessories only have the Purchase Option when on a K0835-K0864) at initial issue (tilt, recline, swing away hardware, headrest) or if a repair (motors, joystick - with RB modifier)
- These codes ARE capped rental E0955, E1028, E0986, etc. therefore they can ONLY be rented on ANY base other than K0835-K0864

**Examples**

E1002 on K0835 - K0864 - Purchase option  
E0955 on K0835 - K0864 - Purchase option  
E0955 on E1161 - RENTAL ONLY  
E1028 on E1161 - RENTAL ONLY  
E1028 on K0823 - RENTAL ONLY  
E1028 on K0835-K0864 - Purchase option

## Navigating the Fee Schedule(s)

### Allowable

- Rural
- Rural (KE – affected accessory on a manual chair in a rural area)
- Non Rural
- Single Payment Amount (SPA) – Competitive Bid Rate
- Unadjusted Fee Schedule (KU - affected accessory on a group 3 base)



THEN





## Calculating Capped Rental Purchase Allowable and Rental Allowable

### Power Wheelchair Bases



- Take the RR rate listed divide by .15 for the purchase allowable (purchase bases K0835-K0864)
- Take the RR rate listed divide by .15 for the purchase allowable then x 1.05 for the allowable after 13 months (K0813-K0831)
- First three months is the RR rate each month
- Months 4-13 is 10% of the purchase allowable

## Calculating Capped Rental Purchase Allowable and Rental Allowable

### Power Wheelchair Bases - Idaho



#### Code: K0835 (group 2 single power base)

- Non Rural – RR =           \$350.90 divided by .15 = Purchase \$2339.33
- Rural – RR =               \$477.44 divided by .15 = Purchase \$3182.93

#### Code: K0823 (group 2 captains seat)

- Non Rural – RR =           \$267.12 divided by .15 = Purchase \$1780.66 x 1.05 =  
Rental After 13 Months \$1869.69
- Rural – RR =               \$446.84 divided by .15 = Purchase \$2978.93 x 1.05 =  
Rental After 13 Months \$3127.88

## Calculating Capped Rental Fee Schedule Allowable

- **Manual Wheelchairs (except K5) and Wheelchair Accessories**
  - Take the RR rate listed multiple by 10 for the purchase allowable (capped rental accessories used on K0835-K0864)
  - Take the RR rate listed multiple by 10.5 for the allowable after 13 months (manual chairs and all capped rental accessories used on any wheelchair other than K0835-K0864) – Rental ONLY
  - First three months is the RR rate each month
  - Months 4-13 is 7.5% of the purchase allowable



## Calculating Capped Rental Purchase Allowable and Rental Allowable

Code: **E0955** (headrest) in **Idaho**

	Rental	Purchase
○ Rural -	\$17.66	\$176.60
○ Rural (KE) -	\$19.11	\$191.10
○ Non Rural -	\$13.90	\$139.00
○ Single Payment Amount (SPA) – Competitive Bid Rate -	\$13.68	\$136.80
○ Unadjusted Fee Schedule (KU) -	\$20.07	\$200.70

- If a purchase base then E0955 is a purchase
- If rental base then E0955 is a **rental** then take the purchase allowable x 1.05

## Single Power Base / Multiple Power Base

- Single – Tilt, Recline or Alternate Drive
- Multiple – Tilt AND Recline or Vent on the Chair
- Power Legrest / Center Mount Power Legs – Do NOT count toward base code determination

A large, red, 3D-rendered number '1' with a slight shadow, positioned to the left of the number '2'.A large, red number '2' inside a red rounded square, positioned to the right of the number '1'.

## **Power Wheelchair Electronics**

- Code E2310 describes the electronic components that allow the beneficiary to control one power functions from a single interface (e.g., proportional joystick, touchpad, or non proportional interface):
- Code E2311 describes the electronic components that allow the beneficiary to control two or more power functions from a single interface (e.g., proportional joystick, touchpad, or non proportional interface)
- A harness (E2313) describes all of the wires, fuse boxes, fuses, circuits, switches, etc. that are required for the operation of an expandable controller
- Code E2377 expandable controller

## Power Wheelchair Electronics

When **ONE** power seating function/actuator/motor is provided on a power wheelchair:

One unit of E2310 (electronic connection between wheelchair controller and one power seating system motor) is allowed.

- An expandable controller (E2377) and harness (E2313) are **not allowed** in this situation unless a specialty interface is used
- Example: E1002 (power seating system, tilt only) is added to a power wheelchair. A power tilt system uses one power seating motor/actuator.

## Power Wheelchair Electronics

When **TWO** power seating functions/actuators/motors are provided:

- One unit of **E2311** (electronic connection between wheelchair controller and two or more power seating system motors) is allowed
- An expandable controller (E2377) and harness (E2313) are **not allowed** in this situation unless a specialty interface is used.
- Example: E1007 (Wheelchair accessory, power seating system, combination tilt and recline) is added to a power wheelchair. The tilt and the recline functions each have one actuator or power seating system motor, for a total of two.



## Power Wheelchair Electronics

- When **THREE** or more power seating functions/actuators/motors are provided:
- One unit of **E2311** (electronic connection between wheelchair controller and two or more power seating system motors), one unit of **E2377** (expandable controller), and one unit of **E2313** (harness for upgrade to expandable controller) are allowed
- Example: E1007 (Wheelchair accessory, power seating system, combination tilt and recline) is added to a power wheelchair with power articulating foot platform. The tilt, recline, and power shear reduction features each have one actuator or power seating system motor, for a total of **three**.

## Solid Seats Base Criteria – Power Chairs

- For patients who do not have special skin protection or positioning needs, a power wheelchair with **Captain's Chair** provides appropriate support.
- Therefore, if a general use cushion is provided with a power wheelchair with a sling/solid seat/back instead of Captain's Chair, the wheelchair and the cushion(s) will be covered only if either criterion 1 or criterion 2 is met:
  1. The cushion is provided with a covered power wheelchair base that is not available in a Captain's Chair model – i.e., codes K0839, K0840, K0843, K0860 – K0864, K0870, K0871, K0879, K0880, K0886, K0890, K0891; or
  2. A skin protection and/or positioning seat or back cushion (**Diagnosis Driven**) that meets coverage criteria is provided.

If one of these criteria is not met, **both the power wheelchair with a sling/solid seat and the general use cushion AND the solid seat base will be denied as not reasonable and necessary.**



## Does the Beneficiary have a choice to Upgrade

- Beneficiary qualifies for an ultra lightweight manual chair K0005
- Beneficiary selects one with a titanium frame (nice chair)
- Provider can't accept assignment on this due to the cost
- Beneficiary says I'll pay the additional \$600 for the better chair
- Provider informs beneficiary that they can't pay the difference on the assigned claim as upgrade within code is prohibited
- Provider offers non assigned option where beneficiary pays all of it up front and beneficiary receives the payment from Medicare
- Beneficiary can't afford to pay all of it up front \$3000
- Beneficiary settles for a chair in which the provider is able to accept assignment (no patient choice)



## **Repair/Replacement and 5 Year RUL**

- To **repair** means to fix or mend and to put the equipment back in good condition after damage or wear. Repairs to equipment which a beneficiary owns are covered when necessary to make the equipment serviceable.
- **Replacement** refers to the provision of an identical or nearly identical item. Equipment which the beneficiary owns or is a capped rental item may be replaced in cases of loss or irreparable damage. Irreparable damage refers to a specific accident or to a natural disaster (e.g., fire, flood, etc.). Irreparable wear refers to deterioration sustained from day-to-day usage over time and a specific event cannot be identified. Replacement of equipment due to irreparable wear takes into consideration the reasonable, useful lifetime of the equipment.

## **Repair/Replacement and 5 Year RUL**

- **Repair**
  - A replacement of a part to fix the “base item”
  - A “base item” is not only a wheelchair base but some accessories as well
  - Separately reimbursement items from another base item CAN be repaired
  - The entire “base item” can’t be replaced (wheelchair base, detachable height adjustable arm, elevating leg rests, etc)
- **Replacement**
  - DME can only be after the 5 year RUL has been met unless – natural disaster, fire, theft, etc. with official report (fire, police, etc.)

## **Repair/Replacement and 5 Year RUL – Cushions**

In general, the RUL for DME is established as **five years** (42 CFR 414.210(f)). Computation of the RUL is based on when the equipment is delivered to the beneficiary, not the age of the equipment.

The RUL is used to determine how often it is reasonable to pay for the replacement of DME under the Medicare program.

### **PDAC Requirements - Cushions and Backs**

It has a warranty that provides for repair or full replacement if manufacturing defects are identified or the surface does not remain intact due to normal wear within 12 months for general use and 18 months skin protection and or positioning.

If it can't be "repaired" as many can't and it's out of warranty and it is not intact due to normal wear it should be reimbursed with proper documentation.

Thank You for Attending

Dan Fedor

[Dan.fedor@vgm.com](mailto:Dan.fedor@vgm.com)

570-499-8459 call or text

