



Wheelchair Repairs

The Good, the Bad and the Ugly



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Session Objectives



- Understand the initial considerations for timely and accurate Wheelchair Repairs (repair / replacement)
- Review the documentation requirements for repairs (medical necessity, continued need/use) to ensure compliance
- Discuss audits expectation from various auditors to ensure compliance



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Wheelchair Repairs - The Good, the Bad and the Ugly

- **The Good** – Suppliers wanting to repair their customers wheelchairs in a timely manner with as little out of pocket cost as possible
- **The Bad** – Having to obtain documentation requirements PRIOR to doing the repair to ensure insurance payment when applicable
- **The Ugly** – Being in the position of having to delay or deny repairing the wheelchair due to challenging documentation requirements for an item where medical necessity was already established AND Preparing for Post Pay Repair Audits



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Is it a Repair or a Replacement?

- 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.)



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Repair

- Patient owned equipment
- Transfer of ownership before the full 13 months for capped rental items
- Parts and **Labor NOT** covered by manufacturer or supplier warranty
- **Fix the “base” item by replacing a part** that was included in the base item (code)
- Repair part is not initially billed separately as it is included in the description of another code (Basic Equipment Package – BEP)
- A wheelchair base (K0823) can be repaired



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DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services

MLN Matters® CMS
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MLN Matters® Number: MM 9062 Related Change Request (CR) #: CR 9062
Related CR Release Date: February 13, 2015 Effective Date: July 1, 2015
Related CR Transmittal #: R203BP and R3196CP Implementation Date: July 6, 2015

Payment Repairs to Capped Rental Equipment Prior to the End of the 13-Month Cap

Note: This article was revised on July 27, 2016, to add a link to a related MLN Matters® Article, MM8822. That article provides instructions on the payment procedures that will be applied to certain Durable Medical Equipment codes that are being reclassified (July 2016) as capped rental equipment. All other information is unchanged.

Provider Types Affected

This MLN Matters® Article is intended for DMEPOS suppliers submitting claims to



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Repair



- Can't replace the entire base item (K0823) but CAN FIX it (a motor for example E2370)
- Repair to the base item (K0823) by replacing a part (E2370)
- Power-elevating/center mount power leg rests (E1012) are their **own base** because they are not part of a Basic Equipment Package of another item and are separately billable (on initial delivery)
- A power tilt is its own base code (E1002) and has components that could be replaced to FIX the tilt



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Repair

- Any item that is NOT included in the description of another code (allowable) is its OWN "base"
- A "base" item can be repaired, but a base item cannot be replaced for five years due to the required five-year reasonable useful life (5-year RUL)
- Labor (K0739) is reimbursed for a repair (no modifiers on K0739) – one unit = 15 min
- **Cumulative repairs** are paid up to the cost of replacement during the 5-year RUL
- If the expense for repairs exceeds the estimated expense of purchasing or renting another item of equipment for the remaining period of medical need, no payment can be made for the excess amount



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Repair

- **Cumulative repairs** are paid up to the cost of replacement during the 5-year RUL
 - Repairs to a power wheelchair single power option base (K0856) = Parts + Labor + Temporary Replacement Equipment (AKA Loaner)
 - Labor must be itemized per PART
 - Remember EACH separately billed item is its OWN base
 - Repairs to a tile (E1002) do NOT count toward the cumulative costs to the power base (K0856)



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Repair

- **How to calculate the allowable for repairs**
- **Capped Rental (CR) Items**
 - RR rate x 10
- **Inexpensive or routinely purchased items (IRP)**
 - NU rate if new or UE rate if used
- Motor example on a group 3 base in Idaho E2370 RR rate - \$80.40
- ALL repairs are paid as a lump sum (purchase) - \$80.40 x 10 = \$804.00
- Modifiers – E2370 NURBKUKX = \$804.00 each
- REMINDER: KU modifier is eligible for CRT MWC beginning July 6, 2020



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Repair

- To determine if something is part of another item (BEP), use the Wheelchair Options Policy Article on page 14
- If an item in column II is being replaced on an item in column I, then it is a **repair** and the **RB** modifier would be used
- Batteries on a power wheelchair are the **EXCEPTION** as they are considered a **REPAIR** (RB mod)
- Detachable Height Adjustable Armrests (E0973) – Their **OWN** base on all wheelchairs **EXCEPT** if Power Positioning is used as E0973 **IS** included in BEP for Power Positioning (E1002-E1008)
- Can **fix (repair)** those column I codes but cannot replace the entire code for five years **unless....**



A Column II code is included in the allowance for the corresponding Column I code when provided at the same time. When multiple codes are listed in column I, all the codes in column II relate to each code in column I.

Column I	Column II
Power Operated Vehicle (K0800-K0812)	All options and accessories
Rollabout Chair (E1031)	All options and accessories
Transport Chair (E1037, E1038, E1039)	All options and accessories except E0990, K0195
Manual Wheelchair Base (E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009)	E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0069, K0070, K0071, K0072, K0077
Power Wheelchair Base Groups 1 and 2 (K0813-K0843)	E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0077, K0098
Power Wheelchair Base Groups 3, 4, and 5 (K0848-K0891)	E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0037, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0077, K0098
E0973	K0017, K0018, K0019
E0950	E1028
E0990	E0995, K0042, K0043, K0044, K0045, K0046, K0047
Power tilt and/or recline seating systems (E1002, E1003, E1004, E1005, E1006, E1007, E1008)	E0973, K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052
E1009, E1010, E1012	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047, K0052, K0053, K0195
E2325	E1028
E1020	E1028
K0039	K0038
K0045	K0043, K0044
K0046	K0043
K0047	K0044
K0053	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047
K0069	E2220, E2224
K0070	E2211, E2212, E2224
K0071	E2214, E2215, E2225, E2226
K0072	E2219, E2225, E2226
K0077	E2221, E2222, E2225, E2226
K0195	E0995, K0042, K0043, K0044, K0045, K0046, K0047

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Coding Information



Repair



- Labor (skill of a technician) not covered by a manufacture warranty
- Must document the time to perform the labor (itemized per part)
- Non warranty labor is covered even if the part is covered under warranty
- Labor is paid at 1 unit = 15 minutes (document minutes and units rounding up)
- Some common repairs have an established (set) units of labor
- Travel time, equipment pick up and or delivery doesn't count as labor time
- Service call fees cannot be charged to the patient



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Repair Labor Billing and Payment Policy



The following table contains repair units of service allowances for commonly repaired items billed under HCPCS code K0739 (Repair or Nonroutine Service for Durable Medical Equipment Other than Oxygen Equipment Requiring the Skill of a Technician, Labor Component, Per 15 Minutes). This applies to non-rented and out-of-warranty items. Units of service include basic troubleshooting and problem diagnosis. One unit of service = 15 minutes. Please note that there is no Medicare payment for travel time or equipment pick-up and/or delivery.

Type of Equipment	Part Being Repaired/Replaced	Allowed Units of Service (UOS)
Power Wheelchair	Batteries (includes cleaning and testing)	2
Power Wheelchair	Joystick (includes programming)	2
Power Wheelchair	Charger	2
Power Wheelchair	Drive wheel motors (single/pair)	2/3
Power Wheelchair	Shroud/Cowling	2
Power or Manual Wheelchair	Armrest or armpad	1
Power or Manual Wheelchair	Wheel/Tire (all types, per wheel)	1
Manual Wheelchair	Anti-tipping device	1



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Repair

Using the miscellaneous code for repairs (K0108)

- Use an appropriate HCPCS code for the part
 - Manufacturers should have appropriate code
- If there is no code for the description of the part, then use K0108
- MSRP, part number, description of part and “repair part” in narrative field
- Modifiers = NURBKX

Be sure to bill for labor – K0739 – One unit of service = 15 minutes (no modifiers)



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Repair

- If **Medicare paid** for the base equipment initially, **medical necessity for the base equipment has been established**
- Documentation from the original item is NOT required
- Standard Written Order is NOT required for a repair
- Clinicians (treating practitioner, PT, OT, etc.) does NOT need to be involved for each repair
- Medicare contractors shall not require a face-to-face examination for repair of DMEPOS items already covered and paid for by Medicare



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Repair

- Continued NEED IS required documented in the medical record within 12 months preceding the date of the repair
- Technician work order/ticket IS required with why repair is necessary (part, labor itemized per part)



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Medical Records

- The medical record is **not limited to treating physician/practitioner's office records but may include records from hospitals, nursing facilities, home health agencies, other healthcare professionals, etc. (not all-inclusive)**
- Records from suppliers or healthcare professionals with a financial interest in the claim outcome are not considered sufficient by themselves for determining that an item is reasonable and necessary
- Supplier-produced records, even if signed by the prescribing physician/practitioner, and attestation letters (e.g. letters of medical necessity) are deemed **not to be part of a medical record** for Medicare payment purposes
- Templates and forms, including CMS CMNs, are subject to corroboration with information in the medical record
- **A prescription is not considered to be part of the medical record**
- Medical information intended to demonstrate compliance with coverage criteria may be included on the prescription but **must be corroborated by information contained in the medical record**



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Replacement

- **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.)
- The entire base item CAN be replaced within 5 years IF loss due to
 - Natural disaster (hurricane, tornado, tsunami, volcano, etc), OR
 - Theft, fire, etc. (with official report) OR
 - Irreparable damage due to a one-time incident / accident



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Replacement

- The entire base item CAN be replaced within 5 years IF “LOSS” due to
 - Natural disaster (hurricane, tornado, tsunami, volcano, etc), OR
 - Theft, fire, etc. (with official report) (NOT ABSUSE OR NEGLIGENCE) OR
 - **Irreparable damage due to a one-time incident / accident**
 - Power center mount ELR (E1012) – Incident on June 24 irreparable damage due to hitting doorway with legrests
 - How often can E1012 be replaced within 5 years – ONE TIME
 - Training / programming for beneficiary safe use otherwise it’s not covered



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Replacement

- RA Modifier **MUST** be used for **REPLACEMENT** within 5 years **OR** the base item will deny as frequency / same similar
- Narrative field **MUST** include the reason for the “LOSS”
- **Natural Disaster** – Sometimes includes a CR mod as well with name of disaster in narrative “Hurricane Matthew”
- **Theft, Fire** include date and report number / case if applicable
- **Accident / Incident** include date of occurrence and what happened
- Labor (K0739) is **NOT** covered for a **REPLACEMENT** (RA Mod)



Temporary Replacement Equipment

- **K0462** – Temporary replacement DME (not just for mobility)
- Repair takes more than one day (24 hours) – Item not safely operable
- Proof of the reason for repair taking over one day (manufacturer’s order with delivery date)
- One month regardless if repair takes 2 days or 6 weeks
- Allowable based on item being repaired
- Provide a higher-level item is OK but not lower level item
- Must be billed on same claim as parts and labor if applicable





Temporary Replacement Equipment

- Medicare allows payment for temporary replacement (HCPCS K0462) for beneficiary-owned equipment being repaired
- Claims must include a narrative description of the equipment being used as a temporary replacement, with the manufacturer, brand name, model name or number of the temporary replacement item
- A statement of why the replacement is needed
- Claims must include the HCPCS code and or manufacturer name, brand name, and model name or number of the beneficiary-owned piece of equipment and the **date of purchase of the equipment**



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