

Mobility Repairs: Here's What's Needed

It's time for a wheelchair/scooter repair and the customer needs it fixed ASAP! There are several considerations regarding the insurance the customer has and the requirements for each, but for this article and ALL scenarios below, we'll assume the customer currently has Medicare and the equipment is patient-owned and out of warranty.

First, let's look at the **terminology** to ensure it is accurately documented:

Repair (RB Modifier) - To repair means to fix or mend and to put the equipment back in good condition after damage or wear. Replacing a part to repair a base item. Here are some examples:

- When a motor (E2370) is not working on a power wheelchair (K0823), you wouldn't fix (repair) the motor. Instead, you'd replace the motor and this would be a REPAIR to the power base (K0823).
- When an arm pad (K0019) is worn, you don't fix the arm pad. Instead, you'd replace it and this would be a REPAIR to the arm rest (E0973).
- Batteries ARE the exception since you don't fix the batteries and just replace them entirely, but this IS considered a REPAIR and labor is reimbursable.
- When the service is a REPAIR, the RB modifier is used on the parts and labor (K0739) is reimbursable.

Replacement (RA Modifier) - Replacement refers to the provision of an identical or nearly-identical item. Equipment that 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.). A REPLACEMENT is allowed if it is a one-time incident/accident but NOT due to normal wear. Here are some examples:

- The customer received a power wheelchair (K0823) in 2016 and it was damaged/lost in a (flood/hurricane/theft/fire, etc.). The item CAN be REPLACED, even though the original item was not 5 years old.
- An arm rest (E0973) on a K0823 was damaged due to a one-time accident as documented by the technician (date and incident). The entire arm rest (E0973) can be replaced since the replacement is not needed due to normal wear.
- When the service is a REPLACEMENT (within 5 years from the original DOS), the RA modifier is used on the parts with narrative description of the one-time incident and labor (K0739) is NOT reimbursable.

Scenario I - Medicare paid YOU for the original item. Here is what's needed:

- A repair ticket/work order of the parts replaced as a repair and itemized labor per part.
- Continued **USE**, which can be documented by the ordering practitioner OR the supplier (repair request).
- Continued **NEED**, which must be documented by the ordering practitioner in the **medical record** within 12 months preceding the date of the repair. An example of this is - the power wheelchair is still medically necessary/the patient still needs and uses the power wheelchair.

- An ORDER is NOT required for repairs (see above for what is considered a repair) and is NOT acceptable as documentation for continued NEED/USE.
- A face to face is NOT required for repairs (see above for what is considered a repair).

Scenario II - Medicare paid another supplier for the original item. Here is what's needed:

- A repair ticket/work order of the parts replaced as a repair and itemized labor per part.
- Continued **USE**, which can be documented by the ordering practitioner OR the supplier (repair request).
- Continued **NEED**, which must be documented by the ordering practitioner in the **medical record (chart note)** within 12 months preceding the date of the repair (which is the date of delivery of the repaired item back to the customer). An example of this is - the power wheelchair is still medically necessary/the patient still needs and uses the power wheelchair.
- An ORDER IS required for the first repair since you didn't provide the original item BUT is NOT acceptable as documentation for continued NEED/USE.
- A face to face is NOT required for repairs (see above for what is considered a repair).

If **Medicare didn't pay for the original item**, then Medical Necessity hasn't been established per Medicare, therefore, it must be established for Medicare to pay for the repairs. This means documentation to support that the customer would qualify for the item being repaired per Medicare coverage criteria. This could be a chart note (face to face) OR a wheelchair evaluation from when the customer received the item and ALL the other requirements listed in Scenario I or II.

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