
CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 574

Date: JUNE 3, 2005

CHANGE REQUEST 3791

SUBJECT: Mobility Assistive Equipment (MAE)

I. SUMMARY OF CHANGES: The CMS addresses numerous items that it has termed “mobility assistive equipment” and includes within that category canes, crutches, walkers, manual wheelchairs, power wheelchairs, and scooters. This list is not exhaustive.

The CMS determines that mobility assistive equipment (MAE) is reasonable and necessary for beneficiaries who have a personal mobility deficit sufficient to impair their performance of mobility-related activities of daily living such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home. Determination of the presence of a mobility deficit will be made by an algorithmic process, as outlined in the Clinical Criteria for MAE Coverage, to provide the appropriate MAE to correct the mobility deficit.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: May 5, 2005
IMPLEMENTATION DATE: July 5, 2005

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

III. FUNDING: Medicare contractors shall implement these instructions within their current operating budgets.

IV. ATTACHMENTS:

X	Business Requirements
	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

*Unless otherwise specified, the effective date is the date of service.

Attachment - Business Requirements

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SUBJECT: Mobility Assistive Equipment (MAE)

I. GENERAL INFORMATION

A. Background: Recent allegations of wheelchair fraud and abuse have focused considerable public interest on the provision of wheelchairs under the Medicare benefit. The agency has responded with a multi-faceted plan to ensure the appropriate prescription of wheelchairs to beneficiaries who need them. One facet of this plan is the delineation of suggested clinical conditions of wheelchair coverage. The Centers for Medicare & Medicaid Services (CMS) solicited public comment through a number of open door forums and other methods. Many advocacy groups suggested that the agency adopt a function-based interpretation of its historical “bed or chair confined” criterion for wheelchair coverage.

The CMS believes that an algorithmic process that sequentially considers the appropriate mobility assistive equipment (MAE) that corrects the mobility deficit is the appropriate process to follow in covering MAEs. We believe that the Clinical Criteria for MAE Coverage sufficiently describes this process. Utilizing such a process will ensure that the beneficiary (or caregiver) is able to maintain as much independence as physically and mentally possible, thereby ensuring the beneficiary’s mobility-related activities of daily living (MRADL) are maintained.

B. Policy: The CMS is extending national coverage regarding MAE for beneficiaries who have a personal mobility deficit sufficient to impair their performance of MRADL such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home. Determination of the presence of a mobility deficit will be made by an algorithmic process, as outlined in the Clinical Criteria for MAE Coverage, to provide the appropriate MAE to correct the mobility deficit. The MAE includes, but is not limited to, canes, crutches, walkers, manual wheelchairs, power wheelchairs, and scooters.

II. BUSINESS REQUIREMENTS

“Shall” denotes a mandatory requirement

“Should” denotes an optional requirement

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F	R	C	D	Shared System Maintainers			O	
		I	H	a	M	F	M	V	C	t
			H	r	E	I	C	M	W	h
			I	r	R	S	S	S	F	e
				i	C					r
				e						
				r						

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				O t h e r
F I S S	M C S					V M S	C W F			
3791.5	A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X			X					

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: May 5, 2005 Implementation Date: July 5, 2005</p> <p>Pre-Implementation Contact(s): Karen Daily, 410-786-0189 (coverage), karen.daily@cms.hhs.gov, Wilfried Gehne, 410-786-6148 (Part A), wilfried.gehne@cms.hhs.gov, Wendy Knarr, 410-786-0843 (DMERCs), wendy.knarr@cms.hhs.gov.</p> <p>Post-Implementation Contact(s): Karen Daily, 410-786-0189 (coverage), karen.daily@cms.hhs.gov, Wilfried Gehne, 410-786-6148 (Part A), wilfried.gehne@cms.hhs.gov, Wendy Knarr, 410-786-0843 (DMERCs), wendy.knarr@cms.hhs.gov.</p>	<p>Medicare contractors shall implement these instructions within their current operating budgets.</p>
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