

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal:12672	Date: June 6, 2024
	Change Request 13610

SUBJECT: Replacement Wheelchair Equipment When the Manufacturer Exits Wheelchair Business

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide instructions for processing claims for replacement power or manual wheelchairs when 1) the manufacturer exits the wheelchair business resulting in the wheelchair ceasing to exist on the market, and 2) there is no availability of aftermarket repair or replacement parts to make the manufacturer’s equipment operable.

EFFECTIVE DATE: July 8, 2024

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

IMPLEMENTATION DATE: July 8, 2024

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

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

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

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

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 12672	Date: June 6, 2024	Change Request: 13610
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SUBJECT: Replacement Wheelchair Equipment When the Manufacturer Exits Wheelchair Business

EFFECTIVE DATE: July 8, 2024

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IMPLEMENTATION DATE July 8, 2024

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to provide instructions for processing claims for replacement power or manual wheelchairs, when 1) a manufacturer exits the wheelchair business (e.g., closes or files for bankruptcy with termination of manufacturing of all wheelchair products) resulting in the wheelchair ceasing to exist on the market, and 2) there is no availability of aftermarket repair or replacement parts to make the manufacturer's equipment operable. The beneficiary may no longer have wheelchair mobility when the wheelchair stops working due to the need for repairs that can no longer be made.

In this scenario, the power or manual wheelchair may be designated lost for purposes of applying 42 Code of Federal Regulation (CFR) Subsection (§) 414.210(f) so the beneficiary may elect to obtain new wheelchair equipment. Contractors may consider the wheelchair equipment as lost and can permit payment of a replacement wheelchair, establishing a new 13-month capped rental period for items in the capped rental category, and Reasonable Useful Lifetime (RUL) beginning on the date that the replacement equipment is furnished to the individual with Medicare.

Medicare regulations at 42 CFR § 414.210(f) permit a beneficiary to elect to obtain a new piece of durable medical equipment if the equipment has been in continuous use by the beneficiary for the equipment's RUL or has been lost, stolen or irreparably damaged.

The replacement scenario discussed in this change request does not apply to situations where a manufacturer ceases to manufacture or no longer supports a wheelchair product line, but repair parts (e.g. aftermarket) to make the manufacturer's equipment operable for the reasonable useful lifetime of the equipment remain available. This replacement scenario applies when there are no repair parts to make the manufacturer's equipment operable.

Please note complex rehabilitative power wheelchairs may be purchased in the first month of use and Healthcare Common Procedure Coding System (HCPCS) code K0005 Ultralightweight wheelchair is a manual wheelchair classified under the inexpensive and routinely purchased durable medical equipment payment category and may also be obtained on a purchase basis. This change request instruction permits payment for replacement of power or manual wheelchair base equipment for complex rehabilitative wheelchairs when a manufacturer exits the wheelchair business and aftermarket parts are no longer available to repair the equipment.

B. Policy: Claims Processing for Replacement of Wheelchair Equipment When the Manufacturer Exits the Wheelchair Business

Contractors shall process claims for replacement wheelchair equipment when the manufacturer exits the wheelchair business similar to other situations when wheelchair equipment is lost, stolen or irreparably damaged and new replacement equipment is provided. On the claim for the first month of use, the Durable Medical Equipment (DME) supplier must include the HCPCS code for the replacement equipment and the HCPCS modifier RA (Replacement of a DME Item). When replacing items for capped rental payment, the HCPCS modifier KH (DMEPOS Item, Initial Claim, Purchase or First Month Rental) must be added to the

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
13610.4	CR as Provider Education: MACs shall use the content in the CR to develop relevant education material. Provide a link to the entire instruction in the education content. You can also supplement with local information that would help your provider community bill and administer the Medicare Program correctly.				X	

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0