Related MLN Matters Article #: MM3791

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Related CR #: 3791

An Algorithmic Approach to Determine if Mobility Assistive Equipment (MAE) is Reasonable and Necessary for Medicare Beneficiaries with a Personal Mobility Deficit (CR 3791 – Mobility Assistive Equipment (MAE))

Key Words

MM3791, CR3791, Mobility Assistive Equipment, MAE, Personal Mobility Deficit, Drug, DME, DMERC

Provider Types Affected

Providers billing Medicare Durable medical Equipment Regional Carriers (DMERCs) and/or Fiscal Intermediaries (FIs) for MAE

Key Points

- The effective date of the instruction is May 5, 2005.
- The implementation date is July 5, 2005.
- The DMERC or FI will adjust claims affected by this change, but processed before July 5, 2005, if brought to their attention.
- CR3791 revises the Medicare National Coverage Determinations Manual (Pub. 100-03, Section 280.3). This revision is a National Coverage Determination (NCD) made under the Social Security Act (section 1862(a)(1)), and is binding on all carriers, FIs, quality improvement organizations, health maintenance organizations, competitive medical plans, health care prepayment plans, and the Medicare advantage organization. Additionally, an administrative law judge may not review an NCD.
- MAE includes, but is not limited to, canes, crutches, walkers, manual wheelchairs, power wheelchairs, and scooters.
- Nationally Covered Indications – Effective May 5, 2005, CMS has determined that MAE is reasonable and necessary for beneficiaries who have a personal mobility deficit sufficient to impair their performance in mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming and bathing in customary locations in the home.
- The Centers for Medicare and Medicaid Services (CMS) is extending national coverage regarding MAE for beneficiaries who have a personal mobility deficit sufficient to impair their participation in MRADLs.

- Determination of the presence of a mobility deficit will be made by an algorithmic process (Clinical Criteria for MAE Coverage) to provide the appropriate MAE to correct the mobility deficit.
- This 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 MRADLs are maintained.
- Questions that provide guidance for the coverage of equipment of appropriate type and complexity to restore the beneficiary's ability to participate in MRADLs are outlined in MM3791, in the *Clinical Criteria for MAE Coverage* segment of the Background section, page 3-5. These guidance questions correspond to the numbered decision points on the *Clinical Criteria for MAE Coverage* flow chart found in MM3791, on page 6 of the article.
- Medicare carriers, DMERCs and regional home health intermediaries (RHHIs) must disregard the "bed- or chair- confined" criterion, which has historically been used to determine if a wheelchair is reasonable and necessary as defined by the Social Security Act (Section 1862(A)(1)(a)).
- Medicare carriers, DMERCs and RHHIs must use the algorithmic approach as outlined in the *Medicare National Coverage Determinations Manual (Pub. 100-03, Section 280.3), Clinical Criteria for MAE Coverage* for guidance to determine coverage eligibility of MAE.
- If data analysis indicates potentially aberrant billing, Medicare DMERCs and FIs will use these standards when performing medical review of claims.
- Medicare beneficiaries may require mobility assistance for a variety of reasons and for varying durations, thus some beneficiaries experiencing temporary disability may need mobility assistance on a short-term basis, while those living with chronic conditions or enduring disabilities will require mobility assistance on a permanent basis.
- Medicare beneficiaries who depend on mobility assistance are found in varied living situations. The beneficiary's environment is relevant to the determination of the appropriate form of mobility assistance that should be employed.
- The beneficiary's functional limitations will affect their ability to safely utilize MAE independently, as well as their ability to regain independent function even with mobility assistance.
- These limitations (as experienced by a beneficiary) depend on the beneficiary's physical and psychological function, the availability of other support, and the beneficiary's living environment.

Note: All other durable medical equipment (DME) not meeting the definition of MAE as described in this instruction will continue to be covered, or noncovered, according to the *National Coverage Determinations Manual, Section 280, Medical and Surgical Supplies*.

Important Links

http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3791.pdf

The Medicare coverage MAE page, may be found at *http://www.cms.hhs.gov/CoverageGenInfo/06_wheelchair.asp#TopOfPage* on the CMS website.

For complete details regarding this change, affected providers should see the official instruction (including the complete section 280.3) issued to DMERCs/FIs at

http://www.cms.hhs.gov/Transmittals/downloads/R574CP.pdf and *http://www.cms.hhs.gov/Transmittals/downloads/R37NCD.pdf* on the CMS website.

The file reflecting transmittal number 37 contains the revisions to the *Medicare National Coverage Determinations Manual* and the file with transmittal number 574 contains the Medicare claims processing business requirements/instructions.

If affected providers have any questions, they should contact their DMERC/FI at their toll-free number, which may be found at *http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip* on the CMS website.