



News Flash – Medicare Fee-For-Service (FFS) and its business associates will implement the ASC X12, version 5010, and NCPDP, version D.0, standards as of January 1, 2012. To facilitate the implementation, Medicare has designated Calendar Year 2011 as the official 5010/D.0 transition year. As such, Medicare Administrative Contractors (MACs) will be testing with their trading partners throughout Calendar Year 2011. Medicare encourages its providers, vendors, clearinghouses and billing services to schedule testing with their local MAC as soon as possible. Medicare also encourages you to stay current on 5010/D.0 news and helpful tools by visiting <http://www.cms.gov/Versions5010andD0/> on its website. **Test early, Test often!**

MLN Matters® Number: MM7116

Related Change Request (CR) #: 7116

Related CR Release Date: October 15, 2010

Effective Date: January 1, 2011

Related CR Transmittal #: R786OTN

Implementation Date: January 3, 2011

Elimination of Lump Sum Purchase Payment for Standard Power Wheelchairs Furnished on or after January 1, 2011 due to the Affordable Care Act

Provider Types Affected

This article is for suppliers billing Durable Medical Equipment Medicare Administrative Contractors (DME MACs) or Regional Home Health Intermediaries (RHHIs) for the lump sum purchase for standard power wheelchairs.

What You Need to Know

This article is based on Change Request (CR) 7116 which informs Medicare DME MACS and RHHIs that Section 3136 of the Affordable Care Act eliminates the lump sum purchase payment for standard power wheelchairs, effective for items furnished on or after January 1, 2011. This elimination of the lump sum purchase payment applies to Health Care Common Procedural Coding System (HCPCS) codes K0813 through K0831 and code K0898 submitted with the NU or UE modifier for items furnished on or after January 1, 2011. **(Note:** This change will not apply to standard power wheelchairs furnished to beneficiaries in the nine competitive bidding areas (CBAs) of Round 1 Rebid of the durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) competitive bidding

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program with dates of service January 1, 2011 thru December 31, 2013.) See the Background and Additional Information Sections of this article for further details regarding these changes.

Background

Power wheelchairs are included in the capped rental DME payment category and suppliers have been required to offer beneficiaries the option of receiving power wheelchairs on either a lump sum purchase basis or monthly rental basis. Claims for purchase of DME are submitted with the HCPCS modifier NU (purchase of new equipment) or UE (purchase of used equipment) while claims for rental of durable medical equipment are submitted with the HCPCS modifier RR. Beginning with items initially rented on or after January 1, 2006, suppliers have been required to transfer the equipment title for rented power wheelchairs to the beneficiary after the 13th month of continuous use.

Previous instructions on payment for power wheelchairs were released in Transmittal 918, Change Request (CR) 5010, dated April 28, 2006, and Transmittal 1037, CR 5255, dated August 25, 2006. MLN Matters® articles related to these transmittals are available at <http://www.cms.gov/MLNMatersArticles/downloads/MM5010.pdf> and <http://www.cms.gov/MLNMattersArticles/downloads/MM5255.pdf>, respectively.

Effective for items furnished on or after January 1, 2011, section 3136 of the Affordable Care Act eliminates the lump sum purchase payment for standard power wheelchairs. Suppliers must furnish these items on a monthly rental basis like other capped rental DME other than power wheelchairs. This elimination of lump sum purchase payment applies to standard power wheelchairs classified under the HCPCS codes for Group 1 power wheelchairs or Group 2 power wheelchairs without additional power options. The current HCPCS codes identifying standard power wheelchairs include codes K0813 thru K0831 and code K0898 for miscellaneous standard power wheelchairs. Claims with dates of service on or after January 1, 2011, for these HCPCS codes with modifier NU or UE will be denied since the statute prohibits payment on a purchase basis for these items. These codes are described in the following table.

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HCPCS Code	Description
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 126 TO 300 POUNDS
K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 126 TO 300 POUNDS
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED

Payment can continue to be made on a lump sum purchase basis or monthly rental basis for complex rehabilitative power wheelchairs. Complex rehabilitative power wheelchairs include Group 2 power wheelchairs with additional power

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options and Group 3 and higher power wheelchairs (HCPCS codes K0835 through K0843 and K0848 through K0864 as defined in Attachment B of CR 7116, which is available at <http://www.cms.gov/Transmittals/downloads/R786OTN.pdf> on the Centers for Medicare & Medicaid Services (CMS) website.

In addition, this change will not apply to standard power wheelchairs furnished to beneficiaries in the nine competitive bidding areas (CBAs) of Round 1 Rebid of the durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) competitive bidding program with dates of service January 1, 2011 thru December 31, 2013. The lump sum purchase payment method remains available for claims with dates of service January 1, 2011 thru December 31, 2013 for standard power wheelchairs furnished to beneficiaries residing in these nine CBAs.

Also, Section 3136 of Affordable Care Act changes the monthly fee schedule amounts for rental of standard and complex rehabilitative power wheelchairs furnished on or after January 1, 2011. Instructions for the revised fee schedule amounts are in the CY 2011 annual update for the DMEPOS fee schedule.

Additional Information

The official instruction, CR 7116, issued to your DME MAC or RHHI regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R786OTN.pdf> on the CMS website.

If you have any questions, please contact your DME MAC or RHHI at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

News Flash - Get Your Flu Vaccine - Not the Flu. Don't forget to immunize yourself and your staff. Protect your patients. Protect your family. Protect yourself. While seasonal flu outbreaks can happen as early as October, flu activity usually peaks in January. This year's vaccine will protect against three different flu viruses, including the H1N1 virus that caused so much illness last flu season. The risks for complications, hospitalizations, and deaths from the flu are higher among individuals aged 65 years and older. Medicare pays for the seasonal flu vaccine and its administration for seniors and others with Medicare with no co-pay or deductible. Health care workers, who may spread the flu to high risk patients, should get vaccinated too. **Remember** – Influenza vaccine plus its administration are covered Part B benefits. Note that influenza vaccine is NOT a Part D covered drug. For information about Medicare's coverage of the influenza vaccine and its administration, as well as related educational resources for health care staff, please visit http://www.cms.gov/MLNProducts/Downloads/Flu_Products.pdf and <http://www.cms.gov/AdultImmunizations> on the CMS website.

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