CMS UPDATES RULES FOR REPLACEMENT WHEELCHAIRS AFTER 5 YEARS

FDA Class II Medical Device

The new guidance indicates that a new face-to-face visit with the ordering physician is no longer required for an identical replacement power wheelchair (i.e. same base code) for coverage with traditional fee-for-service Medicare

What does this mean for wheelchair providers?

- If their current customers (consumers) wheelchair was covered by traditional fee-for service Medicare the initial need would have already been established, so a new face-to-face evaluation may not be required.
- The physician and therapist can reuse the original medical justification, along with any updated documentation showing continued need within the last 12 months.
- If their wheelchair is at least five years old and needs replacement, clients may be eligible for a simplified process with reduced paperwork—as long as the wheelchair base falls within the same HCPCS code.

Questions clients should ask themselves:

- Have you had any changes to your posture or positioning in the last five years? (i.e. scoliosis, kyphosis, weight change)
- Have you had any new pressure injuries?
- Have you had any changes to your medical history or functional ability? (i.e. driving with a joystick feels harder now or decreased strength)
- Would you benefit from any additional power seat functions that you previously did not qualify for?
- Does my current drive wheel configuration still work for me?

* If the answer is yes to any of these questions, or client's are unsure, the recommendation would be for clients to contact their PT/OT for a consultation.

While this update may help streamline equipment provision for those simply looking to receive a new version of their current equipment, it is the consumers right to feel informed in this decision making. Don't be afraid to ask questions!